



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Procedure Code Modifiers for Professional Claims

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage, and benefit information.*

For information about using this code table, see the [Claim Submission and Processing](#) provider reference module.

[Table 1 – Procedure Code Modifiers](#)
 (Excluding Transportation Origin and Destination Modifiers)

[Table 2 – Origin and Destination Modifiers for Transportation Services](#)

Table 1 – Procedure Code Modifiers
 (Excluding Transportation Origin and Destination Modifiers)
 Reviewed/Updated: October 31, 2023

Modifier	Type	Description
1P	Informational	Performance measure exclusion modifier due to medical reasons
2P	Informational	Performance measure exclusion modifier due to patient reasons
3P	Informational	Performance measure exclusion modifier due to system reasons
8P	Informational	Performance modifier not otherwise specified
22	Review	Unusual procedural services
23	Anesthesia	Unusual anesthesia
24	Informational	Unrelated evaluation and management service by the same physician during a postoperative period
25	Informational	Significant, separately identifiable evaluation and management service by the same physician on the same day of a procedure or other service
26	Pricing	Professional component
27	Informational	Multiple outpatient hospital evaluation and management (E/M) encounters on the same date
32	Informational	Mandated services
33	Informational	Preventive services
47	Informational	Anesthesia by a surgeon
50	Processing	Bilateral procedure
51	Informational	Multiple procedures
52	Informational	Reduced services

Table 1 – Procedure Code Modifiers
(Excluding Transportation Origin and Destination Modifiers)
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Modifier	Type	Description
53	Informational	Discontinued procedure
54	Processing	Surgical care only
55	Processing	Postoperative management only
56*	Processing	Preoperative management only
57	Informational	Decision for surgery
58	Informational	Staged or related procedure or service by the same physician during the postoperative period
59	Informational	Distinct procedural service
62	Processing	Two surgeons
63	Informational	Procedure performed on infants less than 4 kg
66	Processing	Surgical team
73	Informational	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure prior to the administration of anesthesia
74	Informational	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after the administration of anesthesia
76	Informational	Repeat procedure or service by same physician or other qualified health care professional
77	Informational	Repeat procedure by another physician or other qualified health care professional
78	Processing	Return to the operating room for a related procedure during the postoperative period
79	Informational	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period
80	Processing	Assistant surgeon
81	Processing	Minimum assistant surgeon
82	Processing	Assistant surgeon (when qualified resident surgeon not available)
90	Informational	Reference (outside) laboratory
91	Informational	Repeat clinical diagnostic laboratory test
92	Informational	Alternative laboratory platform testing.
93	Informational	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system: synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction

* The IHCP does not recognize 56 as a valid modifier.

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Modifier	Type	Description
95	Informational	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
96	Informational	Habilitative services
97	Informational	Rehabilitative services
99	Review	Multiple modifiers
A1	Informational	Dressing for one wound
A2	Informational	Dressing for two wounds
A3	Informational	Dressing for three wounds
A4	Informational	Dressing for four wounds
A5	Informational	Dressing for five wounds
A6	Informational	Dressing for six wounds
A7	Informational	Dressing for seven wounds
A8	Informational	Dressing for eight wounds
A9	Informational	Dressing for nine or more wounds
AA	Informational	Anesthesia services performed personally by anesthesiologist
AB	Informational	Audiology service furnished personally by an audiologist without a physician/NPP order for nonacute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Informational	Medical supervision by a physician, more than four concurrent anesthesia procedures
AE	Informational	Registered dietician
AF	Informational	Specialty physician
AG	Informational	Primary physician
AH*	Processing	Clinical psychologist
AI	Informational	Principal physician of record
AJ*	Processing	Clinical social worker
AK	Informational	Nonparticipating physician
AM	Informational	Physician, team member service
AO	Informational	Alternate payment method declined by provider of service
AP	Informational	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Informational	Physician service in an unlisted health professional shortage area (HPSA)
AR	Informational	Physician provider services in a physician scarcity area

* The IHCP encourages the use of the HE modifier instead of modifier AH, AJ, HF, HO or HP when billing behavioral health services under a supervising practitioner.

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Modifier	Type	Description
AS	Processing	Physician assistant, nurse practitioner, or clinical nurse specialist (CNS) services for assistant at surgery
AT	Informational	Acute treatment (used when reporting service 98940, 98941, or 98942)
AU	Informational	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Informational	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Informational	Item furnished in conjunction with a surgical dressing
AX	Informational	Item furnished in conjunction with dialysis services
AY	Informational	Item or service furnished to an end-stage renal disease (ESRD) patient that is not for the treatment of ESRD
AZ	Informational	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Informational	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Informational	Special acquisition of blood and blood products
BO	Informational	Orally administered nutrition, not by feeding tube
BP	Informational	The member has been informed of the purchase and rental options and elected to purchase the item
BR	Informational	The member has been informed of the purchase and rental options and has elected to rent the item
BU	Informational	The member has been informed of the purchase and rental options, and after 30 days has not informed the supplier of his or her decision
CA	Informational	Procedure only payable in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Informational	Service ordered by renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit is not part of the composite rate and is separately reimbursable
CC	Informational	Procedure code change (Use CC when the procedure code submitted was changed for administrative reasons or because an incorrect code was filed.)
CD	Informational	Automated Multi-Channel Chemistry (AMCC) test has been ordered by an ESRD facility or monthly capitation payment (MCP) physician that is part of the composite rate and is not separately billable
CE	Informational	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	Informational	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Informational	Policy criteria applied
CH	Informational	0 percent impaired, limited, or restricted
CI	Informational	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	Informational	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	Informational	At least 40 percent but less than 60 percent impaired, limited or restricted

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Modifier	Type	Description
CL	Informational	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	Informational	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	Informational	100 percent impaired, limited or restricted
CO	Informational	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Informational	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Informational	Catastrophe/disaster related
CS	Informational	Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test
CT	Informational	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
DA	Informational	Oral health assessment by a licensed health professional other than a dentist
E1	Informational	Upper left eyelid
E2	Informational	Lower left eyelid
E3	Informational	Upper right eyelid
E4	Informational	Lower right eyelid
EA	Informational	Erythropoiesis stimulating agent (ESA) administered to treat anemia due to anticancer chemotherapy
EB	Informational	Erythropoiesis stimulating agent (ESA) administered to treat anemia due to anticancer radiotherapy
EC	Informational	Erythropoiesis stimulating agent (ESA) administered to treat anemia not due to anticancer radiotherapy or anticancer chemotherapy
ED	Informational	Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
EE	Informational	Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 G/dl) for three or more consecutive billing cycles immediately prior to and including the current cycle
EJ	Informational	Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab
EM	Informational	Emergency reserve supply (for ESRD benefit only)
EP	Informational	Service provided as part of Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program
ER	Informational	Items and services furnished by a provider-based, off-campus emergency department
ET	Informational	Emergency services
EX	Informational	Expatriate beneficiary
EY	Informational	No physician or other licensed healthcare provider order for this item or service

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Modifier	Type	Description
F1	Informational	Left hand, second digit
F2	Informational	Left hand, third digit
F3	Informational	Left hand, fourth digit
F4	Informational	Left hand, fifth digit
F5	Informational	Right hand, thumb
F6	Informational	Right hand, second digit
F7	Informational	Right hand, third digit
F8	Informational	Right hand, fourth digit
F9	Informational	Right hand, fifth digit
FA	Informational	Left hand, thumb
FB	Informational	Item provided without cost to provider, supplier, or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
FC	Informational	Partial credit received for replaced device
FP	Informational	Service provided as part of family planning program
FQ	Informational	The service was furnished using audio-only communication technology
FR	Informational	The supervising practitioner was present through two-way, audio/video communication technology
FS	Informational	Split (or shared) evaluation and management visit
FT	Informational	Unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another E/M visit. (Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated)
FX	Informational	X-ray taken using film
FY	Informational	X-ray taken using computed radiography technology/cassette-based imaging
G0	Informational	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
G1	Informational	Most recent urea reduction ratio (URR) reading of less than 60
G2	Informational	Most recent URR reading of 60 to 64.9
G3	Informational	Most recent URR reading of 65 to 69.9
G4	Informational	Most recent URR reading of 70 to 74.9
G5	Informational	Most recent URR reading of 75 or greater
G6	Informational	ESRD patient for whom less than six dialysis sessions have been provided in one month
G7	Informational	Pregnancy resulted from rape or incest, or pregnancy certified by physician as life threatening
G8	Informational	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure

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Modifier	Type	Description
G9	Informational	MAC for a patient who has history of severe cardiopulmonary condition
GA	Informational	Waiver of liability statement issued as required by payer policy, individual case
GB	Informational	Claim being resubmitted for payment because it is no longer covered under a global payment demonstration
GC	Informational	Service performed in part by a resident under the direction of a teaching physician
GE	Informational	Service performed by a resident without the presence of a teaching physician, under the primary care exception
GF	Informational	Nonphysician (e.g., nurse practitioner [NP], certified registered nurse anesthetist [CRNA], certified registered nurse [CRN], clinical nurse specialist [CNS], physician assistant [PA]) services in a critical access hospital (CAH)
GG	Informational	Performance and payment of screening mammogram and diagnostic mammogram on the same patient, same day
GH	Informational	Diagnostic mammogram converted from screening mammogram on same day
GJ	Informational	“Opt out” physician or practitioner emergency or urgent service
GK	Informational	Reasonable and necessary item/service associated with GA or GZ modifier
GL	Informational	Medically unnecessary upgrade provided instead of standard item, no charge, no advance beneficiary notice (ABN)
GM	Informational	Multiple patients on one ambulance trip
GN	Informational	Service delivered under an outpatient speech language pathology plan of care
GO	Informational	Service delivered under an outpatient occupational therapy plan of care
GP	Informational	Services delivered under an outpatient physical therapy plan of care
GQ	Informational	Via asynchronous telecommunications system
GR	Informational	Service performed in whole or in part by resident in a Department of Veteran’s Affairs (VA) medical center or clinic, supervised in accordance with VA policy
GS	Informational	Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level
GT	Informational	Via interactive audio and video telecommunication systems
GU	Informational	Waiver of liability statement issued as required by payer policy, routine notice
GV	Informational	Attending physician not employed or paid under arrangement by the patient’s hospice provider
GW	Informational	Service not related to the hospice patient’s terminal condition
GX	Informational	Notice of liability issued, voluntary under payer policy
GY	Informational	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not a contract benefit
GZ	Informational	Item or service expected to be denied as not reasonable and necessary
H9	Informational	Court ordered
HA	Informational	Child/adolescent program
HB	Informational	Adult program, nongeriatric

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Modifier	Type	Description
HC	Informational	Adult program, geriatric
HD	Informational	Pregnant/parenting women’s program
HE	Processing	Mental health program
HF*	Informational	Substance abuse program
HG	Informational	Opioid addiction treatment program
HH	Informational	Integrated mental health/substance abuse program
HI	Informational	Integrated mental health and intellectually disabled/developmental disabilities program
HJ	Informational	Employee assistance program
HK	Informational	Specialized mental health programs for high-risk populations
HL	Informational	Intern
HM	Processing	Less than bachelor’s degree
HN	Informational	Bachelor’s degree level
HO*	Informational	Master’s degree level
HP*	Informational	Doctoral level
HQ	Informational	Group setting
HR	Informational	Family/couple with client present
HS	Informational	Family/couple without client present
HT	Informational	Multi-disciplinary team
HU	Informational	Funded by child welfare agency
HV	Informational	Funded by state addictions agency
HW	Informational	Funded by state mental health agency
HX	Informational	Funded by county/local agency
HY	Informational	Funded by juvenile justice agency
HZ	Informational	Funded by criminal justice agency
J1	Informational	Competitive acquisition program (CAP) no-pay submission for a prescription number
J2	Informational	Competitive acquisition program (CAP), restocking of emergency drugs after emergency administration
J3	Informational	Competitive acquisition program (CAP), drug not available through CAP as written, reimbursed under average sales price methodology
J4	Informational	Durable medical equipment, prosthetics, orthotics, and other supplies (DMEPOS) item subject to DMEPOS competitive bidding program that is furnished by hospital on discharge

* The IHCP encourages the use of the **HE** modifier instead of modifier **AH, AJ, HF, HO** or **HP** when billing behavioral health services under a supervising practitioner.

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Modifier	Type	Description
J5	Informational	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
JA	Informational	Administered intravenously
JB	Informational	Administered subcutaneously
JC	Informational	Skin substitute used as a graft
JD	Informational	Skin substitute not used for graft
JE	Informational	Administered via dialysate
JG	Informational	340B acquired drug or biological acquired with 340B drug pricing program discount
JK	Informational	One month supply or less of drug or biological
JL	Informational	Three-month supply of drug or biological
JW	Informational	Drug amount discarded/not administered to any patient
JZ	Informational	Zero drug amount discarded/not administered to any patient
K0	Informational	Lower extremity prosthesis functional level 0 – Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
K1	Informational	Lower extremity prosthesis functional level 1 – Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence; typical of the limited and unlimited household ambulator
K2	Informational	Lower extremity prosthesis functional level 2 – Has the ability or potential to use a prosthesis for ambulation with the ability to traverse low-level environmental barriers, such as curbs, stairs, or uneven surfaces; typical of the limited community ambulator
K3	Informational	Lower extremity prosthesis functional level 3 – Has the ability or potential for ambulation with variable cadence; typical of the community ambulatory that has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
K4	Informational	Lower extremity prosthesis functional level 4 – Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child or active adult
KA	Informational	Add on option/accessory for wheelchair
KB	Informational	Beneficiary requested upgrade for ABN, more than four modifiers identified on claim
KC	Informational	Replacement of special power wheelchair interface
KD	Informational	Drug or biological infused through DME
KE	Informational	Bid under round one of DMEPOS competitive bidding program for use with a noncompetitive bid base equipment
KF	Informational	Item designated by the Food and Drug Administration (FDA) as Class III device
KG	Informational	DMEPOS item subject to DMEPOS competitive bidding program number 1

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Modifier	Type	Description
KH	Informational	DMEPOS item, initial claim, purchase or first month rental
KI	Informational	DMEPOS item, second or third month rental
KJ	Informational	DMEPOS item, PEN pump or capped rental, months four to 15
KK	Informational	DMEPOS item subject to DMEPOS competitive bidding program number 2
KL	Informational	DMEPOS item delivered via mail
KM	Pricing	Replacement of facial prosthesis including new impression/moulage
KN	Pricing	Replacement of facial prosthesis using previous master model
KO	Informational	Single drug unit dose formulation
KP	Informational	First drug of a multiple drug unit dose formulation
KQ	Informational	Second or subsequent drug of a multiple drug unit dose formulation
KR	Informational	Rental item, billing for partial month
KS	Informational	Glucose monitor supply for diabetic member not treated with insulin
KT	Informational	Beneficiary resides in a competitive bidding area and travels outside that competitive bidding area and receives a competitive bid item
KU	Informational	DMEPOS item subject to DMEPOS competitive bidding program number 3
KV	Informational	DMEPOS item subject to DMEPOS competitive bidding program that is furnished as part of a professional service
KW	Informational	DMEPOS item subject to DMEPOS competitive bidding program number 4
KX	Informational	Requirements specified in the medical policy have been met
KY	Informational	DMEPOS item subject to DMEPOS competitive bidding program number 5
KZ	Pricing	New coverage not implemented by managed care
LC	Informational	Left circumflex coronary artery
LD	Informational	Left anterior descending coronary artery
LL	Informational	Lease/rental – Use when DME equipment rental price is to be applied against the purchase price
LM	Informational	Left main coronary artery
LR	Informational	Laboratory round trip
LS	Informational	FDA-monitored intraocular lens implant
LT	Informational	Left side (used to identify procedures performed on the left side of the body)
LU	Informational	Fractionated payment
M2	Informational	Medicare secondary payer (MSP)
MA	Informational	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition
MB	Informational	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access

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MC	Informational	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues
MD	Informational	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances
ME	Informational	The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
MF	Informational	The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
MG	Informational	The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional
MH	Informational	Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider
MS	Informational	Six-month maintenance and service fee for reasonable and necessary parts and labor, which are not covered under any manufacturer or supplier warranty
N1	Informational	Group 1 oxygen coverage criteria met
N2	Informational	Group 2 oxygen coverage criteria met
N3	Informational	Group 3 oxygen coverage criteria met
NB	Informational	Nebulizer system, any type, FDA-cleared for use with specific drug
NR	Informational	New when rented – DME that was new at the time of rental is subsequently purchased
NU	Pricing	New durable medical equipment purchase
P1	Physical status	Physical status modifier 1 (0 units) for anesthesia; a normal healthy patient
P2	Physical status	Physical status modifier 2 (0 units) for anesthesia; a patient with mild systemic disease
P3	Physical status	Physical status modifier 3 (1 unit) for anesthesia; a patient with severe systemic disease
P4	Physical status	Physical status modifier 4 (2 units) for anesthesia; a patient with severe systemic disease that is a constant threat to life
P5	Physical status	Physical status modifier 5 (3 units) for anesthesia; a moribund patient who is not expected to survive without the operation
P6	Physical status	A declared brain-dead patient whose organs are being removed for donor purposes
PA	Informational	Surgical or invasive procedure on wrong body part
PB	Informational	Surgical or invasive procedure on wrong patient
PC	Informational	Wrong surgery or other invasive procedure on patient
PD	Informational	Diagnostic or related nondiagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within three days

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Modifier	Type	Description
PI	Informational	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
PL	Informational	Progressive additional lenses
PM	Informational	Post mortem
PN	Informational	Non-expected service provided at an off-campus, outpatient, provider-based department of a hospital
PO	Informational	Expected service provided at an off-campus, outpatient, provider-based department of a hospital
PS	Informational	PET or PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform antitumor strategy
PT	Informational	Colorectal cancer screening test; converted to diagnostic test or other procedure
Q0	Informational	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Informational	Routine clinical service provided in a clinical research study that is in an approved clinical research study
Q2	Informational	Demonstration procedure/service
Q3	Informational	Live kidney donor surgery and related services
Q4	Informational	Service for ordering/referring physician qualifies as a service exemption
Q5	Informational	Service furnished under a reciprocal billing arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q6	Informational	Service furnished under a fee-for-time compensation arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q7	Informational	One class A finding
Q8	Informational	Two class B findings
Q9	Informational	One class B and two class C findings
QA	Informational	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts is less than 1 liter per minute (LPM)
QB	Informational	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QC	Informational	Single channel monitoring
QD	Informational	Recording and storage in solid state memory by a digital recorder
QE	Informational	Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM)

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QF	Informational	Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QG	Informational	Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)
QH	Informational	Oxygen-conserving device is being used with an oxygen delivery system
QJ	Informational	Services/items provided to a prisoner or patient in state or local custody; however, the state or local government, as applicable, meets the requirements in 42 CFR 411.4(B)
QK	Processing	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QL	Informational	Patient pronounced dead after ambulance called
QM	Informational	Ambulance service provided under arrangement by a provider of services
QN	Informational	Ambulance service furnished directly by a provider of services
QP	Informational	Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT*-recognized panel other than automated profile codes
QQ	Informational	Ordering professional consulted a qualified clinical decision support mechanism (CDSM) for this service and the related data was provided to the furnishing professional
QR	Informational	Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts is greater than 4 liters per minute (LPM)
QS	Informational	Monitored anesthesiology care services
QT	Informational	Recording and storage on tape by an analog tape recorder
QW	Informational	Clinical Laboratory Improvement Amendments (CLIA) waived test
QX	Processing	CRNA service with medical direction by a physician
QY	Processing	Medical direction of one CRNA by an anesthesiologist
QZ	Anesthesia	CRNA service without medical direction by a physician
RA	Informational	Replacement of a DME, orthotic, or prosthetic item
RB	Informational	Replacement of part of a DME, orthotic, or prosthetic item furnished as part of a repair
RC	Informational	Right coronary artery
RD	Informational	Drug provided to beneficiary, but not administered “incident-to”
RE	Informational	Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
RI	Informational	Ramus intermedius coronary artery
RR	Pricing	Rental of durable medical equipment

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Modifier	Type	Description
RT	Informational	Right side (used to identify procedures performed on the right side of the body)
SA	Informational	Nurse practitioner rendering service in collaboration with a physician
SB	Informational	Nurse midwife
SC	Informational	Medically necessary service or supply
SD	Informational	Services provided by registered nurse with specialized, highly technical home infusion training
SE	Informational	State and/or federally funded programs or services
SF	Informational	Second opinion ordered by a professional review organization (PRO) (100% reimbursement – no Medicare deductible or coinsurance)
SG	Informational	Ambulatory surgical center (ASC) facility service
SH	Informational	Second concurrently administered infusion therapy
SJ	Informational	Third or more concurrently administered infusion therapy
SK	Informational	Member of high-risk population (use only with codes for immunization)
SL	Pricing	State-supplied vaccine
SM	Informational	Second surgical opinion
SN	Informational	Third surgical opinion
SQ	Informational	Item ordered by home health
SS	Informational	Home infusion services provided in the infusion suite of the IV therapy provider
ST	Informational	Related to trauma or injury
SU	Informational	Procedure performed in physician's office (to denote use of facility and equipment)
SV	Informational	Pharmaceuticals delivered to patient's home but not utilized
SW	Informational	Services provided by a certified diabetic educator
SY	Informational	Persons who are in close contact with member of high-risk population (use only with codes for immunization)
T1	Informational	Left foot, second digit
T2	Informational	Left foot, third digit
T3	Informational	Left foot, fourth digit
T4	Informational	Left foot, fifth digit
T5	Informational	Right foot, great toe
T6	Informational	Right foot, second digit
T7	Informational	Right foot, third digit
T8	Informational	Right foot, fourth digit
T9	Informational	Right foot, fifth digit
TA	Informational	Left foot, great toe
TB	Informational	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes
TC	Pricing	Technical component

Table 1 – Procedure Code Modifiers
(Excluding Transportation Origin and Destination Modifiers)
Reviewed/Updated: October 31, 2023

Modifier	Type	Description
TD	Informational	Registered nurse (RN)
TE	Informational	Licensed practical nurse (LPN)/licensed vocational nurse (LVN)
TF	Informational	Intermediate level of care
TG	Pricing	Complex/high-tech level of care
TH	Informational	Obstetrical treatment/services – Prenatal or postpartum
TJ	Informational	Program group, child and/or adolescent
TK	Informational	Extra patient or passenger, nonambulance
TL*	Informational	Early intervention/individualized family service plan (IFSP)
TM*	Informational	Individualized education program (IEP)
TN	Informational	Rural/outside providers' customary service area
TP	Informational	Medical transport, unloaded vehicle
TQ	Informational	Basic life support transport by a volunteer ambulance provider
TR*	Informational	School-based IEP services provided outside the public school district responsible for the student
TS	Informational	Follow-up service
TT	Informational	Individualized service provided to more than one patient in same setting
TU	Informational	Special payment rate, overtime
TV	Informational	Special payment rates, holidays and/or weekends
TW	Informational	Backup equipment
U1	Informational	Medicaid Level of Care 1, as defined by each state
U2	Informational	Medicaid Level of Care 2, as defined by each state
U3	Informational	Medicaid Level of Care 3, as defined by each state
U4	Informational	Medicaid Level of Care 4, as defined by each state
U5	Informational	Medicaid Level of Care 5, as defined by each state
U6	Informational	Medicaid Level of Care 6, as defined by each state
U7	Informational	Medicaid Level of Care 7, as defined by each state
U8	Informational	Medicaid Level of Care 8, as defined by each state
U9	Informational	Medicaid Level of Care 9, as defined by each state
UA	Informational	Medicaid level of care 10, as defined by each state
UB	Informational	Medicaid level of care 11, as defined by each state
UC	Informational	Medicaid level of care 12, as defined by each state
UD	Informational	Medicaid level of care 13, as defined by each state
UE	Pricing	Used durable medical equipment

* For IHCP purposes, the definition of modifier **TM** is expanded to include services pursuant to an approved education program or plan as required by the Individuals with Disabilities Education Act (IDEA) or Section 504 of the federal Rehabilitation Act of 1973 (United States Code 29 USC 794). The **TR** and **TL** modifiers are not to be used in billing school corporation services to the IHCP.

Table 1 – Procedure Code Modifiers
(Excluding Transportation Origin and Destination Modifiers)
Reviewed/Updated: October 31, 2023

Modifier	Type	Description
UF	Informational	Services provided in the morning
UG	Informational	Services provided in the afternoon
UH	Informational	Services provided in the evening
UJ	Informational	Services provided at night
UK	Informational	Services provided on behalf of the client to someone other than the client (collateral relationship)
UN	Processing	Two patients served
UP	Processing	Three patients served
UQ	Processing	Four patients served
UR	Processing	Five patients served
US	Processing	Six or more patients served
V1	Informational	Demonstration modifier 1
V2	Informational	Demonstration modifier 2
V3	Informational	Demonstration modifier 3
V4	Informational	Demonstration modifier 4
V5	Informational	Vascular catheter (alone or with any other vascular access)
V6	Informational	Arteriovenous graft (or other vascular access not including a vascular catheter)
V7	Informational	Arteriovenous fistula only (in use with two needles)
VM	Informational	Medicare Diabetes Prevention Program (MDPP) virtual make-up session
VP	Informational	Aphakic patient
X1	Informational	Continuous/broad services: For reporting services by clinicians, who provide the principal care for a patient, with no planned endpoint of the relationship; services in this category represent comprehensive care, dealing with the entire scope of patient problems, either directly or in a care coordination role; reporting clinician service examples include, but are not limited To: primary care, and clinicians providing comprehensive care to patients in addition to specialty care
X2	Informational	Continuous/focused services: For reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed with no planned endpoint to the relationship; reporting clinician service examples include but are not limited To: a rheumatologist taking care of the patient's rheumatoid arthritis longitudinally but not providing general primary care services
X3	Informational	Episodic/broad services: For reporting services by clinicians who have broad responsibility for the comprehensive needs of the patient that is limited to a defined period and circumstance such as a hospitalization; reporting clinician service examples include but are not limited to the hospitalist's services rendered providing comprehensive and general care to a patient while admitted to the hospital

Table 1 – Procedure Code Modifiers
(Excluding Transportation Origin and Destination Modifiers)
Reviewed/Updated: October 31, 2023

Modifier	Type	Description
X4	Informational	Episodic/focused services: For reporting services by clinicians who provide focused care on particular types of treatment limited to a defined period and circumstance; the patient has a problem, acute or chronic, that will be treated with surgery, radiation, or some other type of generally time-limited intervention; reporting clinician service examples include but are not limited to, the orthopedic surgeon performing a knee replacement and seeing the patient through the postoperative period
X5	Informational	Diagnostic services requested by another clinician: For reporting services by a clinician who furnishes care to the patient only as requested by another clinician or subsequent and related services requested by another clinician; this modifier is reported for patient relationships that may not be adequately captured by the above alternative categories; reporting clinician service examples include but are not limited to, the radiologist's interpretation of an imaging study requested by another clinician
XE	Informational	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Informational	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Informational	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Informational	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

Table 1 Revision History

October 31, 2023, update:

Added footnote regarding use of TM, TR and TL modifiers (effective July 1, 2023)

April 1, 2023, update:

Added (effective April 1, 2023): JK, JL

Revised description (effective April 1, 2023): LU

January 1, 2023, update:

Added (effective January 1, 2023): AB, JZ, LU, N1, N2, N3

July 1, 2022, update:

Removed transportation modifiers (moved to a separate table)

Added footnote regarding use of HE modifier for behavioral health services rather than modifiers AH, AJ, HF, HO or HP (effective November 16, 2021):

April 1, 2022, update:

Added (effective April 1, 2022): 93

January 1, 2022, update:

Added (effective January 1, 2022): FQ, FR, FS, FT

December 1, 2020, update:

Updated type (correction): 78, AA, AD, QY

Removed alternate description (effective July 1, 2015): QA

October 1, 2020, update:

Added (effective October 1, 2020): J5, V4

April 7, 2020, update:

Revised description (effective March 1, 2020): CS

Table 1 Revision History**January 1, 2020, update:**

Added (effective January 1, 2020): MA, MB, MC, MD, ME, MF, MG, MH

Removed alternate description (effective January 1, 2020): GD

November 1, 2019, update:

Updated type (correction): AD

October 1, 2019, update:

[Revision revoked with corrected update on January 1, 2020]

January 1, 2019, update:

Added (effective January 1, 2019): CO, CQ, G0

Added alternate description (effective January 1, 2019): ER, QA

August 20, 2018, update:

Added footnote for code (clarification): 56

July 1, 2018, update:

Added (effective July 1, 2018): QQ

April 1, 2018, update:

Added (effective April 1, 2018): QA, QB, QR, VM

Removed (effective April 1, 2018): ZA, ZB, ZC

Updated description (effective April 1, 2018): QE, QF, QG

January 1, 2018, update:

Added (effective January 1, 2018): 92, 96, 97, FY, TB, X1–X5

Added description (effective January 1, 2018): JG

Removed (effective January 1, 2018): CP, SZ

Updated description (effective January 1, 2018): 95

October 1, 2017, update:

Added (effective October 1, 2017): ZC

July 1, 2017, update:

Updated descriptions (effective July 1, 2017): Q5, Q6

February 13, 2017, update:

Added (effective January 1, 2017): 95, FX, V1, V2, V3

Removed (effective January 1, 2017): L1

Added (effective July 1, 2016): ZB

Added (correction): 1P, 2P, 3P, 73, 74, HZ, RS

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
ED	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*</p>
EE	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p>
EG	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Hospital-based ESRD facility</p>
EH	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p>
EI	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</p>
EJ	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Freestanding ESRD facility</p>
EN	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*</p>
EP	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Physician's office</p>
ER	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Beneficiary's [member's] home*</p>
ES	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Scene of accident or acute event</p>
EX	Informational	<p>From: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p> <p>To: Intermediate stop at physician's office on way to hospital</p>

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note:</i> As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</p>		
Modifier	Type	Description
GD	Informational	From: Hospital-based ESRD facility To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
GE	Informational	From: Hospital-based ESRD facility To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
GG	Informational	From: Hospital-based ESRD facility To: Hospital-based ESRD facility
GH	Informational	From: Hospital-based ESRD facility To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
GI	Informational	From: Hospital-based ESRD facility To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
GJ	Informational	From: Hospital-based ESRD facility To: Freestanding ESRD facility
GN	Informational	From: Hospital-based ESRD facility To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
GP	Informational	From: Hospital-based ESRD facility To: Physician's office
GR	Informational	From: Hospital-based ESRD facility To: Beneficiary's [member's] home*
GS	Informational	From: Hospital-based ESRD facility To: Scene of accident or acute event
HD	Informational	From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center* To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
HE	Processing	From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center* To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
HG	Informational	From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center* To: Hospital-based ESRD facility

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
HH	Informational	<p>From: [Discharge/transfer from one hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: [Another hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p>
HI	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</p>
HJ	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Freestanding ESRD facility</p>
HN	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*</p>
HP	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Physician's office</p>
HR	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Beneficiary's [member's] home*</p>
HS	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Scene of accident or acute event</p>
HX	Informational	<p>From: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*</p> <p>To: Intermediate stop at physician's office</p>
ID	Informational	<p>From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</p> <p>To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*</p>
IE	Informational	<p>From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</p> <p>To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*</p>

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
IG	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Hospital-based ESRD facility
IH	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
II	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
IJ	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Freestanding ESRD facility
IN	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
IP	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Physician's office
IR	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Beneficiary's [member's] home*
IS	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Scene of accident or acute event
IX	Informational	From: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport To: Intermediate stop at a physician's office on way to hospital
JD	Informational	From: Freestanding ESRD facility To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
JE	Informational	From: Freestanding ESRD facility To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
JG	Informational	From: Freestanding ESRD facility To: Hospital-based ESRD facility

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
JH	Informational	From: Freestanding ESRD facility To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
JI	Informational	From: Freestanding ESRD facility To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
JJ	Informational	From: Freestanding ESRD facility To: Freestanding ESRD facility
JN	Informational	From: Freestanding ESRD facility To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
JP	Informational	From: Freestanding ESRD facility To: Physician's office
JR	Informational	From: Freestanding ESRD facility To: Beneficiary's [member's] home*
JS	Informational	From: Freestanding ESRD facility To: Scene of accident or acute event
JX	Informational	From: Freestanding ESRD facility To: Intermediate stop at a physician's office on way to hospital
ND	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
NE	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
NG	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Hospital-based ESRD facility
NH	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
NI	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
NJ	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Freestanding ESRD facility

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
NN	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: [SNF or] Alternative care site for SNF*
NP	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Physician's office
NR	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Beneficiary's [member's] home*
NS	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Scene of accident or acute event
NX	Informational	From: [Skilled nursing facility (SNF) or] Alternative care site for SNF* To: Intermediate stop at physician's office on way to hospital
PD	Informational	From: Physician's office To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
PE	Informational	From: Physician's office To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
PG	Informational	From: Physician's office To: Hospital-based ESRD facility
PH	Informational	From: Physician's office To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
PI	Informational	From: Physician's office To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
PJ	Informational	From: Physician's office To: Freestanding ESRD facility
PN	Informational	From: Physician's office To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
PP	Informational	From: One physician's office To: Another physician's office
PR	Informational	From: Physician's office To: Beneficiary's [member's] home*
PS	Informational	From: Physician's office To: Scene of accident or acute event

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note: As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</i></p>		
Modifier	Type	Description
PX	Informational	From: Physician's office To: Intermediate stop at physician's office on way to hospital
RD	Informational	From: Beneficiary's [member's] home* To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
RE	Informational	From: Beneficiary's [member's] home* To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*
RG	Informational	From: Beneficiary's [member's] home* To: Hospital-based ESRD facility
RH	Informational	From: Beneficiary's [member's] home* To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
RI	Informational	From: Beneficiary's [member's] home* To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
RJ	Informational	From: Beneficiary's [member's] home* To: Freestanding ESRD facility
RN	Informational	From: Beneficiary's [member's] home* To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
RP	Informational	From: Beneficiary's [member's] home* To: Physician's office
RR	Informational	From: Beneficiary's [member's] home* To: Beneficiary's [member's] home*
RS	Informational	From: Beneficiary's [member's] home* To: Scene of accident or acute event
RX	Informational	From: Beneficiary's [member's] home* To: Intermediate stop at physician's office on way to hospital
SD	Informational	From: Scene of accident or acute event To: Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility*
SE	Informational	From: Scene of accident or acute event To: Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's [member's] home*

Table 2 – Origin and Destination Modifiers for Transportation Services**Reviewed/Updated: July 1, 2022**

<p><i>Note:</i> As announced in IHCP Bulletin BT202067, the Centers for Medicare & Medicaid Services (CMS) has implemented expanded use of ambulance origin and destination modifiers in response to the coronavirus disease 2019 (COVID-19) public health emergency. The revised descriptions, which are highlighted and marked with an asterisk (*), will remain effective through the duration of the public health emergency.</p>		
Modifier	Type	Description
SG	Informational	From: Scene of accident or acute event To: Hospital-based ESRD facility
SH	Informational	From: Scene of accident or acute event To: [Hospital or] Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center*
SI	Informational	From: Scene of accident or acute event To: Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
SJ	Informational	From: Scene of accident or acute event To: Freestanding ESRD facility
SN	Informational	From: Scene of accident or acute event To: [Skilled nursing facility (SNF) or] Alternative care site for SNF*
SP	Informational	From: Scene of accident or acute event To: Physician's office
SR	Informational	From: Scene of accident or acute event To: Beneficiary's [member's] home*
SS	Informational	From: Scene of accident or acute event To: Scene of accident or acute event
Table 2 Revision History		
<p>July 1, 2022, update: Split this table off from Table 1</p> <p>December 1, 2020, update: *Temporarily updated the following transportation modifier descriptions (effective May 28, 2020): D – Diagnostic or therapeutic site other than physician's office or hospital E – Residential, domiciliary, custodial facility (other than 1819 facility) H – Hospital I – Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport N – Skilled nursing facility R – Residence Added (correction): GN (as transportation combo)</p>		