LifeWise
Health Plan of Washington

Payment Policy

cmi_051736

Title	**Multiple Modifiers**		
Number	**CP.PP.217.v2.7**		
Last Approval Date	06/11/24	**Original Effective Date**	01/01/05
Replaces	N/A		
Cross Reference	N/A		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with multiple modifiers that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	The Plan accepts up to **four** separate modifiers per procedure code. **Reimbursement Modifiers** Modifiers that will affect reimbursement should be placed in the first position. Examples of reimbursement modifiers include but are not limited to the following modifiers: 22, 26, 50, 52, 53, 54, 55, 56, 62, 73, 78, 80, 81, 82, AD, AS, QK, QX, QY and TC. **Informational Modifiers** Other modifiers that are only informational and which do not affect reimbursement should be placed after any modifiers which affect reimbursement. Examples of informational modifiers include but are not limited to the following modifiers: 23, 24, 25, 32, 33, 47, 57, 58, 59, 76, 77, 79, 90, 91, 92, 95, 99 and HCPCS Level II alphanumeric modifiers (unless identified as a reimbursement modifier). Informational modifiers can also determine whether the service will be covered or denied. When more than four modifiers are applicable to a procedure code, modifier 99-*Multiple Modifiers* should be appended to the procedure code in field 24D of the CMS-1500 claim form. All other applicable specific modifiers should be entered into field 19-Additional Claim Information of the CMS-1500 claim form or equivalent electronic data field. Documentation should support all the modifiers appended.

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined at the Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	This policy does not apply to any provider reimbursed using an ASC APC payment methodology.
Laws, Regulations & Standards	
References	• American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System Level II Codes (HCPCS)

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	06/11/24; 07/07/23; 08/18/22; 09/22/21; 10/06/20; 10/30/19; 11/02/18; 12/04/17; 12/12/16; 01/08/16; 01/11/15; 01/12/14; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/25/09; 08/01/08; 04/11/06; 08/29/05; 07/30/04	
Version History	11/02/18	Annual review; no changes
	10/30/19	Annual review; no changes
	10/06/20	Clarified in the Purpose statement that the policy applies to professional services billed on a CMS-1500 or 837P claim form. Added Exception that the policy does not apply to providers reimbursed using ASC-APC payment methodology
	09/22/21	Annual review; no changes
	08/18/22	Annual review; no changes
	07/07/23	In the Policy section, added the last paragraph indicating how to code when more than four modifiers are applicable for the procedure code submitted.
	06/11/24	Annual review; no changes