

U.S. DEPARTMENT OF LABOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS
 FEE SCHEDULE MODIFIER LEVEL TABLES - Effective: October 15, 2018
 Last Update: February 11, 2019

These CPT & HCPCS modifiers are informational only and should be ignored for pricing purposes

MODIFIER NUMBER	DESCRIPTION
23	UNUSUAL ANESTHESIA
32	COMPLICATED ANESTHESIA
33	PREVENTIVE SERVICES
47	ANESTHESIA BY SURGEON
90	REFERENCE (OUTSIDE) LAB
91	REPEAT CLINICAL DIAG LAB TEST
96	HABILITATIVE SERVICES
97	REHABILITATIVE SERVICES
99	MULTIPLE MODIFIERS
A1	DRESSING FOR ONE WOUND
A2	DRESSING FOR TWO WOUNDS
A3	DRESSING FOR THREE WOUNDS
A4	DRESSING FOR FOUR WOUNDS
A5	DRESSING FOR FIVE WOUNDS
A6	DRESSING FOR SIX WOUNDS
A7	DRESSING FOR SEVEN WOUNDS
A8	DRESSING FOR EIGHT WOUNDS
A9	DRESSING FOR NINE/GTR WOUNDS
AD	SUPV 4+ CONCURR ANESTHES PROC
AE	REGISTERED DIETICIAN
AF	SPECIALTY PHYSICIAN
AG	PRIMARY PHYSICIAN
AH	CLINICAL PSYCHOLOGIST
AI	PRINCIPAL PHYSICIAN OF RECORD
AK	NON PARTICIPATING PHYSICIAN
AM	PHYSICIAN, TEAM MEMBER SERVICE
AP	REFRACTION NOT PART OF EYE EXM
AQ	MD SVC IN UNLISTED HPSA
AR	PHYSICIAN SCARCITY AREA
AT	ACUTE TREATMENT
AU	URO, OSTOMY OR TRACH ITEM
AV	ITEM W PROSTHETIC/ORTHOTIC
AW	ITEM W A SURGICAL DRESSING
AX	ITM IN CONJ WITH DIALYSIS SVCS
BA	ITEM ORDERD WITH PEN SERVICES
BL	SPEC ACQUISITION BLOOD PRODS
BO	NUTRITION ORAL ADMIN NO TUBE
BP	MEM INF PURCH/RENT OPT - BUY
BR	MEM INF PURCH/RENT OPT - RENT
BU	MEM INF PURCH/RENT OPT-NO RESP
CA	PAY IP WHEN OP EXPIRES PREADMT
CB	SVC RDF DOC SEPARATELY BILLBLE
CC	CODING CHANGE FROM ORIG CLAIM
CD	AMCC TEST FOR ESRD/MCP/MD
CE	MED NECES AMCC TEST SEP REIMB
CF	AMCC TST NOT COMPOSITE RATE
CG	POLICY CRITERIA APPLIED
CH	0 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CI	AT LEAST 10 PERCENT BUT LESS THAN 20 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CJ	AT LEAST 20 PERCENT BUT LESS THAN 40 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CK	AT LEAST 40 PERCENT BUT LESS THAN 60 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CL	AT LEAST 60 PERCENT BUT LESS THAN 80 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CM	AT LEAST 80 PERCENT BUT LESS THAN 100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CN	100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CO	OUTPATIENT OT SERVICE BY OTA
CP	ADJUNCTIVE SERVICE RELATED TO A PROCEDURE ASSIGNED TO A COMPREHENSIVE AMBULATORY PAYMENT CLASSIFICATION (C-APC) PROCEDURE, BUT REPORTED ON A DIFFERENT CLAIM
CQ	OUTPATIENT PT SERVICE BY PTA
CR	CATASTROPHE/DIASTER RELATED
CT	COMPUTED TOMOGRAPHY SERVICES FURNISHED USING EQUIPMENT THAT DOES NOT MEET EACH OF THE ATTRIBUTES OF THE NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION (NEMA) XR-29-2013
E1	UPPER LEFT EYELID
E2	LOWER LEFT EYELID
E3	UPPER RIGHT EYELID
E4	LOWER RIGHT EYELID
EA	ESA TRT ANMIA D/T ANTI CA CHEM
EB	ESA TRT ANMIA D/T ANTI CA RADI
EC	ESA TRT ANMIA NT D/T RT/ CHEMO
ED	HEMATOCRIT LVL EXCEEDED 39%

MODIFIER NUMBER	DESCRIPTION
EE	HEMATOCRIT LVL NOT EXCEED 39%
EJ	SUBSEQUENT CLAIM
EM	EMERGENCY RESERVE SUPPLY
EP	SERVICE AS PART OF EPSDT
ER	OFF-CAMPUS ED SERVICE
ET	EMERGENCY TREATMENT
EX	EXPATRIATE BENEFICIARY
EY	NO LIC HCPROV ORD FOR SVC/ITM
F1	LEFT HAND SECOND DIGIT
F2	LEFT HAND THIRD DIGIT
F3	LEFT HAND FOURTH DIGIT
F4	LEFT HAND FIFTH DIGIT
F5	RIGHT HAND THUMB
F6	RIGHT HAND SECOND DIGIT
F7	RIGHT HAND THIRD DIGIT
F8	RIGHT HAND FOURTH DIGIT
F9	RIGHT HAND FIFTH DIGIT
FA	LEFT HAND THUMB
FP	MCAID FAMILY PLANNING SVC
FX	X-RAY TAKEN USING FILM
FY	X-RAY TAKEN USING COMPUTED RADIOGRAPHY TECHNOLOGY/CASSETTE-BASED IMAGING
G0	TELESTROKE
G1	MOST RECENT URR RDNG LT 60
G2	MOST RECENT URR RDNG 60 - 64
G3	MOST RECENT URR RDNG 65 - 69
G4	MOST RECENT URR RDNG 70 - 74
G5	MOST RECENT URR RDNG 75 - OVR
G6	ESRD LT 6 SESSIONS IN A MONTH
G7	PREGNANCY CERT LIFE THREATNING
G8	MAC CMLX CMLPCATED SURG PROC
G9	ANSTH PATIENT HIST SVR CARDIO
GA	WAIVER OF LIABILITY ON FILE
GB	CLAIM RESUBMITTED
GC	SVC BY RESIDENT AND TEACH PHYS
GD	UNIT OF SERVICE > MUE VALUE
GE	SVC BY RESIDENT NO TEACH PHYS
GF	NON-PHY SERVICES IN CA HOSPITL
GG	PMT SCRNG DIAGOSIS MAMMOGRAM
GH	DX SCRNG MAMMOGRAM SAME DAY
GJ	OPT OUT PHYS OR EMERGENCY SVC
GK	SVC ORDERED BY PHYSICIAN
GL	MEDICAL UPGRADE NOT NEEDED
GM	MULTI-PATIENT AMBULANCE TRIP
GN	SVC BY SPEECH PATH CARE PLAN
GO	SVC BY OT OR OP WITH CARE PLAN
GP	SVC BY PT OR OUTPATIENT PT
GQ	VIA SYNCH TELECOMM SYSTEM
GR	SERVICE BY VA RESIDENT
GS	EPO/DARBEPOIETIN REDUCED 25%
GT	VIA AUDIO AND VIDEO TELECOMM
GV	ATTNDNG PHYS NOT PD BY HOSPICE
GW	SVC NOT RELATED TO HOSPICE
GY	SVC EXCLUDED OR NO MED BENEFIT
GZ	DENY AS NOT REAS AND NECESSARY
H9	COURT ORDERED
HB	ADULT PROGRAM NON GERIATRIC
HC	ADULT PROGRAM GERIATRIC
HD	PREGNANT/PARENTING PROGRAM
HE	MENTAL HEALTH PROGRAM
HF	SUBSTANCE ABUSE PROGRAM
HG	OPIOID ADDICTION TX PROGRAM
HH	INTEGRATED MENTAL/SUBSTANCE AB
HI	M HLTH/M RETRD TN/DEV DIS PRO
HJ	EMPLOYEE ASSISTANCE PROGRAM
HK	SPECIAL MENTAL HEALTH NONRISK
HL	INTERN
HM	LESS THAN BACHELOR DEGREE LVL
HN	BACHELORS DEGREE LEVEL
HO	MASTERS DEGREE LEVEL
HP	DOCTORAL LEVEL
HQ	GROUP SETTING
HR	FAMILY/COUPLE W CLIENT PRSNT
HS	FAMILY/COUPLE WITHOUT CLIENT
HT	MULTI-DISCIPLINARY TEAM
HV	FUNDED STATE ADDICTIONS AGENCY
HW	FUNDED BY STATE MENTAL HEA AGC
HX	FUNDED BY COUNTY/LOCAL AGENCY
HZ	FUNDED BY CRIMINAL JUST AGENCY

MODIFIER NUMBER	DESCRIPTION
J1	CAP NO-PAY FOR PRESCRIPT NU
J2	CAP RESTOCK OF EMERG DRUGS
J3	CAP DRUG UNAVAIL THRU CAP
J4	DMEPOS ITEM SUBJ TO DMEPOS BID
JA	ADMINISTERED INTRAVENOUSLY
JB	ADMINISTERED SUBCUTANEOUSLY
JC	SKIN SUBSTITUTE USED AS GRAFT
JD	AMBUL ORIGIN:DIAL/DIAG
JG	DRUG OR BIOLOGICAL ACQUIRED WITH 340B DRUG PRICING PROGRAM DISCOUNT
JW	DRUG AMT DISCARD/NOT GIVEN PAT
K0	LWR EXTREM PROSTHESIS - LVL 0
K1	LWR EXTREM PROSTHESIS - LVL 1
K2	LWR EXTREM PROSTHESIS - LVL 2
K3	LWR EXTREM PROSTHESIS - LVL 3
K4	LWR EXTREM PROSTHESIS - LVL 4
KA	DD ON ACCSSRY FOR WHEELCHAIR
KB	BENEF REQ UPGRD/MORE 4 MODIFIE
KC	REPL SPECIAL PWR WC INTERFACE
KD	DRUG/BIOLOGICAL DME INFUSED
KE	DMEPOS COMP BID PGM ROUND 1
KF	FDA CLASS III DEVICE
KG	DMEPOS ITEM SUBJ TO CAP 1
KH	DME INT CLAIM PURCH OR 1MO RNT
KI	DME 2ND OR 3RD MONTH RENTAL
KJ	DME PEN PUMP OR RENT MON 4-15
KK	DMEPOS COMP BID PRGM NO 2
KL	DMEPOS MAILORDER CMP BID
KM	REPL FACIAL PROSTH W/MOULAGE
KN	REPL FACIAL PROSTH W/PREV MOLD
KO	SINGLE DRUG UNIT DOSE FORMATN
KP	FIRST DRUG OF MULT DRUG FORM
KQ	2ND/NEXT DRUG - MULT DRUG FORM
KR	RENTAL ITEM, PART MONTH BILL
KS	GLUC MONITOR UNTREATED W/INSUL
KT	BENE LIVES IN COMP BID ARE/TRV
KU	DMEPOS ITEM SUBJ CMP BID PGM3
KV	DMEPOS ITEM SUBJ CMP BID PRGM
KW	DMEPOS ITEM SUBJ TO CAP4
KX	ARE/TRVLSREQ DOCUMENT ON FILE
KZ	NEW COVERAGE NOT IMLEMNT MGCR
LC	LEFT CIRCUMFLEX ARTERY
LD	LEFT ANTERIOR DESC ARTERY
LL	LEASE/RENT APPLY TO DME PURCH
LR	LABORATORY ROUND TRIP
LS	FDA MONIT INTRAOC LENS IMPLANT
M2	MEDICARE SECONDARY PAYER
MS	SIX MONTHS MAINT AND SERV FEE
NR	NEW WHEN RENTED
P1	ANESTHESIA NORMAL PATIENT
P2	ANESTH MILD SYSTEMIC DISEASE
P3	ANESTH SEVERE SYSTEMIC DISEASE
P4	ANESTH THREAT TO LIFE
P5	ANESTH MORIBUND PATIENT
PA	SURG/INVAS PROC WRONG BDY PART
PB	SURG/INVAS PROC WRONG PATIENT
PC	WRONG SURG/INVAS PROC ON PATNT
PI	AMBUL ORIGIN:CLIN/SITE
PL	PROGRESSIVE ADDITION LENSES
PN	NON-EXPECTED SERVICE PROVIDED AT AN OFF-CAMPUS, OUTPATIENT, PROVIDER-BASED DEPARTMENT OF A HOSPITAL
PO	EXCEPTED SERVICE PROVIDED AT AN OFF-CAMPUS, OUTPATIENT, PROVIDER-BASED DEPARTMENT OF A HOSPITAL
PR	AMBUL ORIGIN:CLIN/RESIDENCE
PS	AMBUL ORIGIN:CLIN/ACCD SITE
Q0	INVEST CLINICAL RESEARCH
Q1	ROUTINE CLINICAL RESEARCH
Q2	DEMONSTRATION PROCEDURE/SERVICE
Q3	LIVE KIDNEY DONOR
Q4	SERVICE FOR ORDER/REFER PHYS
Q5	SERVICES FURNISHED UNDER A RECEPROCAL 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	SERVICES 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	ONE CLASS A FINDING

MODIFIER NUMBER	DESCRIPTION
Q8	TWO CLASS B FINDINGS
Q9	ONE CLS B AND 2 CLS C FINDINGS
QA	AVG STA DAY/NIGHT 02 < 1PM
QB	AVG DAY/NITE 02 > 4 LPM/PORT
QC	SINGLE CHANNEL MONITORING
QD	DIGITAL RECORDING AND STORAGE
QE	STATIONARY 02 @ REST < 1 LPM
QF	STATION 02 @ REST > 4 LPM/PORT
QG	STATION 02 @ REST > 4 LPM
QH	O2 CONSERVING DEVICE USED
QJ	SVC/ITM TO PAT IN STATE CUSTOD
QL	PATIENT DEAD AFTER AMBL CALLED
QM	PROVIDER ARRANGED FOR AMBL SVC
QN	PROVIDER PROVIDED ABULANCE SVC
QP	INDIVIDUALLY ORDERED LAB TST
QQ	ORDERING PROFESSIONAL CONSULTED A QUALIFIED CLINICAL DECISION SUPPORT MECHANISM FOR THIS SERVICE AND THE RELATED DATA WAS PROVIDED TO THE FURNISHING PROFESSIONAL
QR	AVG STA DAY/NIGHT 02 > 4 LPM
QS	ANESTH MONITORED CARE
QT	ANALOG RECORDING AND STORAGE
QW	CLIA WAIVED TEST
RA	REPLACEMENT OF DME
RB	REPLACEMENT OF DME REPAIR
RC	RIGHT CORONARY ARTERY
RD	DRUG ADMIN NOT INCIDENT-TO
RE	AMBUL ORIGIN:RESID/CUSTORESID
SB	NURSE MIDWIFE
SC	MED NECESSARY SVC OR SUPPLY
SD	RN HGHLY TRAINED HOME INFUSION
SE	STATE/FEDERAL FUNDED PROG/SVC
SF	SECOND OPINION BY PRO
SH	2ND INFUSION THERAPY
SJ	THIRD OR NEXT INFUSION THERAPY
SK	MEMBER HIGH RISK POPULATION
SL	STATE SUPPLIED VACCINE
SM	SECOND SURGICAL OPINION
SN	THIRD OPINION
SQ	ITEM ORDERED BY HOME HEALTH
SS	HIT IN INFUSION SUITE
ST	RELATED TO TRAUMA OR INJURY
SU	PROCEDURE PERFORMED IN DOC OFF
SV	DRUGS DELIVRED PAT HOME NOTUSE
SW	SRVCS BY CERT DIABETIC EDUCATR
SY	CONTACT W/HIGH-RISK POP
T1	LEFT FOOT, SECOND DIGIT
T2	LEFT FOOT, THIRD DIGIT
T3	LEFT FOOT, FOURTH DIGIT
T4	LEFT FOOT, FIFTH DIGIT
T5	RIGHT FOOT, GREAT TOE
T6	RIGHT FOOT, SECOND DIGIT
T7	RIGHT FOOT, THIRD DIGIT
T8	RIGHT FOOT, FOURTH DIGIT
T9	RIGHT FOOT, FIFTH DIGIT
TA	LEFT FOOT, GREAT TOE
TB	DRUG OR BIOLOGICAL ACQUIRED WITH 340B DRUG PRICING PROGRAM DISCOUNT, REPORTED FOR INFORMATIONAL PURPOSES
TD	REGISTERED NURSE
TE	LPN LVN
TF	INTERMEDIATE LEVEL OF CARE
TG	COMPLEX/HIGH LEVEL OF CARE
TH	PRENATAL/POSTPARTUM OBST SVCS
TJ	PROGRAM GROUP, CHILD OR ADOLES
TK	XTRA PATIENT/PASS NON-AMBUANCE
TL	EARLY INTERVENTION/IFSP
TM	INDIVIDUALIZED EDU PLAN (IEP)
TN	OUTSIDE PROVIDERS CUSTMRY AREA
TP	MEDIAL TRANSPORT UNLOADED VEHI
TQ	BASIC LIFE SPT TRANS VOL AMBUL
TR	SCHOOL-BASED IEP OUT OF DIST
TS	FOLLOW-UP SERVICE
TT	INDIV SVCS TO MORE 1 PAT SAME
TU	SPECIAL PAYMENT RATE, OVERTIME
TV	SPICIAL PMT RATE HOLIDAY WKEND
TW	BACK UP EQUIPMENT
U1	MEDICAID LVL OF CARE 1,AS STAT
U2	MEDICAID LVL OF CARE 2,AS STAT
U3	MEDICAID LVL OF CARE 3,AS STAT
U4	MEDICAID LVL OF CARE 4,AS STAT

MODIFIER NUMBER	DESCRIPTION
U5	MEDICAID LVL OF CARE 5,AS STAT
U6	MEDICAID LVL OF CARE 6,AS STAT
U7	MEDICAID LVL OF CARE 7,AS STAT
U8	MEDICAID LVL OF CARE 8,AS STAT
U9	MEDICAID LVL OF CARE 9,AS STAT
UA	MEDICAID LVL OF CARE10,AS STAT
UB	MEDICAID LVL OF CARE11,AS STAT
UC	MEDICAID LVL OF CARE12,AS STAT
UD	MEDICAID LVL OF CARE13,AS STAT
UF	SERVICES PROVIDED IN MORNING
UG	SERVICES PROVIDED IN AFTERNOON
UH	SERVICES PROVIDED IN EVENING
UJ	SERVICES PROVIDED AT NIGHT
UK	SERVICES PROVIDED NOT CLIENT
UN	SERVICES TO TWO PATIENTS
UP	SERVICES TO THREE PATIENTS
UQ	SERVICES TO FOUR PATIENTS
UR	SERVICES TO FIVE PATIENTS
US	SERVICES TO SIX PATIENTS
V1	DEMONSTRATION MODIFIER 1
V2	DEMONSTRATION MODIFIER 2
V3	DEMONSTRATION MODIFIER 3
V5	VASCULAR CATHETER
V6	ATERIOVENOUS GRAFT
V7	ATERIOVENOUS FISTULA
V8	INFECTION PRESENT
V9	NO INFECTION PRESENT
VM	MEDICARE DIABETES PREVENTION PROGRAM (MDPP) VIRTUAL MAKE-UP SESSION
VP	APHAIC PATIENT
	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 NOT LIMITED TO: PRIMARY CARE, AND CLINICIANS PROVIDING
X1	COMPREHENSIVE CARE TO PATIENTS IN ADDITION TO SPECIALTY CARE 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 RHEMATOID ARTHRITIS LONGITUDINALLY BUT NOT PROVIDING GENERAL PRIMARY CARE SERVICES
X2	
	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 CIRCUMSTANCES 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
X3	EPISODIC/FOCUSED SERVICES; FOR REPORTING SERVICES BY CLINICIANS WHO PROVIDED 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 CLINICAL SERVICE EXAMPLES INCLUDE BUT ARE NOT LIMITED TO, THE ORTHOPEDIC SURGEON PERFORMING A KNEE REPLACEMENT AND SEEING THE PATIENT THROUGH THE POSTOPERATIVE PERIOD
X4	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
X5	
ZA	NOVARTIS/SANDOZ
ZB	PFIZER/HOSPIRA
ZC	MERCK/SAMSUNG BIOEPIS