Modifiers

Use modifiers to communicate certain information about a service performed or a product dispensed. Modifiers go in box 24D of the CMS-1500 billing form. More than one modifier may be appropriate depending on the circumstances concerning the service. While rare in chiropractic, up to four modifiers may be used to fully explain the circumstances concerning the service/services rendered.

Modifier	Description/Instruction
25	**Significant, separately identifiable E/M service** USE: Append to an E/M code when performed on the same day as chiropractic manipulative treatment (CMT).
59	**Distinct procedural service** USE: Append to 97140, 97124, 97112 to show separate service from same-day CMT code. Medicare and other carriers may require one of the following X modifiers instead of 59: • **XE** Separate Encounter, a service that is distinct because it occurred during a separate encounter (second visit, same day) • **XS** Separate Structure, a service that is distinct because it was performed on a separate organ/structure (separate body region) • **XP** Separate Practitioner, a service that is distinct because it was performed by a different practitioner • **XU** Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service

X-RAY MODIFIERS

Modifier	Description/Instruction
FX	USE: Append when x-rays were taken using film
FY	USE: Append when x-rays were taken with computed radiography
TC	**Technical component** USE: Append when the provider performed only the technical component of taking the x-ray.
26	**Professional component** USE: Append when the provider performed only the professional component of reading/interpreting the x-ray.

DME MODIFIERS

Modifier	Description/Instruction
NU	**Patient was dispensed a new product** USE: A patient receives a TENS unit that is theirs to keep.
RR	**Patient was dispensed a rental product** USE: Patient receives a TENS unit that is to be used for a time then returned.
LT	**Specifies left**
RT	**Specifies right**

**This list of modifiers should not be construed as all-inclusive. Check billing policy for individual payers to confirm modifier requirements.*

MEDICARE MODIFIERS

Modifiers Used Only With 98940, 98941, 98942

Modifier	Description/Instruction	Effect on Medicare Payment
AT	Reporting Active/Corrective Treatment Indicates service rendered was medically necessary per Medicare guideline	Medicare will consider for payment.
GA	Waiver of Liability (ABN) on file for mandatory use Indicates maintenance care or visits exceed carrier screen	If patient selects ABN Option 1, you must bill Medicare. Medicare will deny as not medically necessary. Patient will be financially responsible.
GZ	Indicates you failed to collect ABN for maintenance care as required	Claim will be denied. Patient will not be deemed responsible for payment.

Modifiers Used with Statutorily Excluded Services

Modifier	Description/Instruction	Effect on Medicare Payment
GY	Indicates statutorily non-covered item/service is rendered by a DC	Billing of these services is not required unless the patient requests. Patient is financially liable.
GX	ABN on file for voluntary use	Claim will be denied/patient financially liable; we don't recommend Medicare's official ABN form for voluntary use.
GP	Services delivered under an outpatient physical therapy plan of care	Use on PT modalities and procedures, along with GY to receive proper denial.

FEE FOR TIME MODIFIERS

Modifier	Description/Instruction
Q5	USE: Reciprocal billing arrangement (exchange) without signed contract is in place. I.E.-On a doctor's day off or vacation, an outside doctor provides coverage and primary doctor bills.
Q6	USE:Contracted Fee for Time Compensation arrangement is in place with a coverage doctor not owning their own practice. I.E.-Primary doctor is out for extended period of time, not to exceed 60 days, and the outside doctor provides coverage while primary doctor bills.

PHYSICAL MEDICINE MODIFIERS

Modifier	Description/Instruction
96	Habilitative services- "help an individual learn skills and functioning for daily living that the individual has NOT yet developed."
97	Rehabilitative services- "help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled"
GP	"Services delivered under an outpatient physical therapy plan of care" USE: Some payer plans are mirroring Medicare's requirement for this modifier.