

Fee Modifier Definitions

As Of

01 October 2006

MODIFIER DEFINITIONS

As of 2006/10/01

- AGE AGE - (Implicit) - Identifies specific services which are payable at different rates depending upon the age of the patient.
- G2 OVER 2 YEARS - (Implicit) - The patient is 2 years of age or older.
G65 OVER 65 YEARS - (Implicit) - The patient is 65 years of age or older.
L10 UNDER 10 YEARS - (Implicit) - The patient has not reached their 10th birthday.
L11 UNDER 11 YEARS - (Implicit) - The patient has not reached their 11th birthday.
L13 UNDER 13 YEARS - (Implicit) - The patient has not reached their 13th birthday.
L30 UNDER 30 DAYS,ROLE OF SURGEON - (Implicit) - The patient is 30 days of age or younger. Applies only to cardiovascular and thoracic surgery.
L4 UNDER 4 YEARS - (Implicit) - The patient has not reached their 4th birthday.
- ANEU ANAESTHETIC LISTED RATE UNITS - (Implicit) - This modifier is system derived from the information in the calls field for multiple services of same Health Service Code when the anaesthetic role modifier (ANE) is used.
- ANEU ANAESTHETIC LISTED RATE UNITS - (Implicit)
- ANU ANAESTHETIC TIME UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Anaesthetic Time role modifier (ANEST) is used. EACH UNIT REPRESENTS 5 MINUTES. ADDITIONAL 5 MINUTE UNITS MAY NOT BE CLAIMED UNLESS A FULL 5 MINUTES HAS ELAPSED.
- ANU ANAESTHETIC TIME UNITS - (Implicit) - For anaesthetic claimed on a time basis, claim the entire elapsed time against the primary procedure code, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). 2 hours equals 24 calls.
- ARFC AUTOMATIC RAPID FILM CHANGER - (Explicit) - Increases rate of a procedure with automatic rapid film changer.
- ARFC AUTO RAPID FILM CHANGER - (Explicit)
- CALL CALLS UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field for multiple services. The calls field indicates the number of services claimed. The modifier value code indicates what each unit/call represents (time, size, number).
- CM2.5D PER 2.5cm - (Implicit) - For use by Dentists only. Per layer, each 2.5 cm represents 1 unit.
F2.5B5 PER FACE 2.5 cm or BODY 5 cm - (Implicit) - Each 2.5 cm of the face or 5 cm of the body involving a single layer represent 1 unit. For additional layers requiring suturing, each 2.5 cm of the face or 5 cm of the body represents 1 unit.
H1 PER HOUR - (Implicit) - Each unit represents 60 minutes.
H1M15 PER 1 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 60 minutes, each subsequent unit represents 15 minutes.

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H1M30 PER 1 1/2 HOURS - (Implicit) - Each unit represents 90 minutes.
M05 PER 5 MINUTES - (Implicit) - Each unit represents 5 minutes. Additional calls for anesthetic may not be claimed unless a full 5 minutes has elapsed.
M15 PER 1/4 HOUR - (Implicit) - Each unit represents 15 minutes.
M15NPM M15NPM - (Implicit) - This implicit modifier allows physicians with the implicit skill of NPM to be paid for HSC 08.45 according to the rates listed in the Price List
M15PDC M15PDC - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PEDC to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDG M15PDG - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PDGE to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDN M15PDN - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PEDN to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDS M15PDS - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PDSG to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PED M15PED - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PED to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PSY M15PSY-(Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PSYC to be paid for HSC 08.45 according to the rates listed in the Price List.
M30 PER 1/2 HOUR - (Implicit) - Each unit represents 30 minutes.
M30M15 PER 1/2 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 30 minutes, each subsequent unit represents 15 minutes.
M35M05 PER 35 MINUTES + EACH ADDITIONAL 5 MINUTES - (Implicit) - First unit represents 35 minutes, each subsequent unit represents 5 minutes. Additional calls for anesthetic may not be claimed unless a full 5 minutes has elapsed.
M45M15 PER 3/4 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 45 minutes, each subsequent unit represents 15 minutes.
NBRDAY NUMBER OF DAYS - (Implicit) - Each unit represents 1 day.
NBRMON NUMBER OF MONTHS - (Implicit) - Each unit represents 1 month.
NBRSER NUMBER OF SERVICES - (Implicit) - Each unit represents 1 service.

CARE COMPLEX PATIENT CARE - (Explicit) - Used to indicate complex patient care.

CMXC30 CMXC30 COMPLEX PATIENT CONSULTATION - (Explicit) - This modifier is used to indicate a complex patient consultation requiring that the physician spend 30 minutes or more on management of the patient's care.
1. May only be claimed for HSCs 03.08A, 03.08B, 03.08C, 03.08F, 03.08H, 03.08K and 03.09A.
2. May be claimed with HSCs 03.08A when claiming prolonged consultations, ie. HSCs 03.08G, 03.08I, 03.08J, 03.08L.

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- CMXV15 CMXV15 COMPLEX PATIENT VISIT - (Explicit) - This modifier is used to indicate a complex patient visit requiring that the physician spend 15 minutes or more on management of the patient's care.
May only be claimed by:
- general practice, community medicine, geriatric medicine, occupational medicine, radiation oncology for HSCs 03.03A, 03.03B, 03.03C, 03.03Z
- cardiology, haematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, for HSCs 03.03A, 03.03F.
- CMXV20 CMXV20 COMPLEX PATIENT VISIT - (Explicit) - This modifier is used to indicate a complex patient visit requiring that the physician spend 20 minutes or more on management of the patient's care. May be claimed by groups other than those eligible for the CMXV15 modifier for HSCs 03.03A, 03.03B, 03.03C, 03.03F, as appropriate to the physician's specialty. May be claimed by pediatrics for HSC 03.05JK.
This modifier may also be claimed by any physician for HSCs 03.05CN, 03.05DN, 03.05EN, 03.05CR, 03.05DR, 03.05ER, 03.05F, when location and time conditions (above) are met.
- COMX COMPLEX PATIENT CARE - (Explicit) - This modifier is used to indicate management of a complex acute care hospital inpatient.
1. May be claimed for the management of complex acute care hospital inpatients with multi-system disease:
 - whose co-morbidities contribute to complicating or increasing the care required by the physician most responsible for care of the patient; and
 - whose care requires that the physician spend 20 minutes or more per day on management of the patient's ongoing care
 2. May not be claimed for transfer of care where the receiving physician requires time to familiarize him/herself with the patient unless the conditions outlined in (1) above are met.
- CMPD COMPOUND - (Explicit) - Used to indicate a compound fracture as described in the Governing Rule.
- CMPD COMPOUND - (Explicit)
- INCS INCISIONS - (Explicit) - This modifier is to be used for gynecological health service codes only to indicate multiple procedures were performed through a different incision.
- DIFF DIFFERENT INCISION - (Explicit) - Used to indicate that multiple gynecological procedures were performed through different incisions. Does not apply to anesthetic claims.

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LEVL LEVEL - (Implicit) - Calculates the rate payable for consecutive hospital days. The modifier value code is a combination using "level" for the date range and "skill" for the rate variations. If the service provider does not have one of the skills listed in this level modifier list, the system defaults to the rates indicated in HD1 and HD2. The Calls field and the Hospital Admission Date/Originating Encounter Date field must be entered when hospital days are claimed.

CARDH1 CARDIOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Cardiology.

CARDH2 CARDIOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Cardiology.

CLIMH1 CLINICAL IMMUNOLOGY AND ALLERGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Clinical Immunology and Allergy.

CLIMH2 CLINICAL IMMUNOLOGY AND ALLERGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Clinical Immunology and Allergy.

CRCMH1 CRITICAL CARE MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Critical Care Medicine.

CRCMH2 CRITICAL CARE MEDICINE HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Critical Care Medicine.

DERMH1 DERMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Dermatology.

DERMH2 DERMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Dermatology.

E/M H1 ENDOCRINOLOGY/METABOLISM HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Endocrinology/Metabolism.

E/M H2 ENDOCRINOLOGY/METABOLISM HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Endocrinology/Metabolism.

GASTH1 GASTROENTEROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Gastroenterology.

GASTH2 GASTROENTEROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Gastroenterology.

HD1 1 - 7 days - (Implicit)

HD2 8 and subsequent days - (Implicit)

HEMH1 HAEMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Haematology.

HEMH2 HAEMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Haematology.

IDISH1 INFECTIOUS DISEASES HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Infectious diseases.

IDISH2 INFECTIOUS DISEASES HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Infectious diseases.

INMDH1 INTERNAL MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Internal Medicine.

INMDH2 INTERNAL MEDICINE HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Internal Medicine.

MDGNH1 MEDICAL GENETICS HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Medical Genetics.

MDGNH2 MEDICAL GENETICS HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Medical Genetics.

MDONH1 MEDICAL ONCOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Medical Oncology.

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MDONH2 MEDICAL ONCOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Medical Oncology.

NEPHH1 NEPHROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Nephrology.

NEPHH2 NEPHROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Nephrology.

NEURH1 NEUROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Neurology.

NEURH2 NEUROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Neurology.

NPMH1 NEONATAL PERINATAL MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Neonatal Perinatal Medicine.

NPMH2 NEONATAL PERINATAL MEDICINE HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Neonatal Perinatal Medicine.

ORPAH1 ORAL PATHOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Oral Pathology

ORPAH2 ORAL PATHOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Oral Pathology

ORSGH1 ORAL SURGERY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Oral Maxillofacial Surgery

ORSGH2 ORAL SURGERY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Oral Maxillofacial Surgery

PDGEH1 PEDIATRIC GASTROENTEROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatric Gastroenterology.

PDGEH2 PEDIATRIC GASTROENTEROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatric Gastroenterology.

PEDCH1 PEDIATRIC CARDIOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatric Cardiology.

PEDCH2 PEDIATRIC CARDIOLOGY HD2 (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill of Pediatric Cardiology

PEDH1 PEDIATRICS HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatrics.

PEDH2 PEDIATRICS HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatrics.

PEDNH1 PEDIATRIC NEPHROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1 - 7 days) and skill Pediatric Nephrology.

PEDNH2 PEDIATRIC NEPHROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatric Nephrology.

PHMDH1 PHYSICAL MEDICINE AND REHABILITATION HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Physical Medicine and Rehabilitation.

PHMDH2 PHYSICAL MEDICINE AND REHABILITATION HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Physical Medicine and Rehabilitation.

POSGH1 PODIATRIC SURGERY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Podiatric Surgery.

POSGH2 PODIATRIC SURGERY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Podiatric Surgery.

RHEUH1 RHEUMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Rheumatology.

RHEUH2 RHEUMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Rheumatology.

RSMDH1 RESPIRATORY MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Respiratory Medicine.

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RSM DH2 RESPIRATORY MEDICINE - HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Respiratory Medicine.

LMTS LIMITS - (Explicit) - Used to override restrictions for a service/procedure.

DSCH DISCHARGED - (Explicit) - As stated in General Rule 5.1.4, indicates payment for a service recipient who was discharged from the emergency department and returned the same day.

LWDT COMPLETE LOWER DENTURE - (Explicit) - Indicates the oral examination is for a complete lower denture.

LWPT PARTIAL LOWER DENTURE - (Explicit)- Indicates the oral examination is for a partial lower denture.

LWRL PARTIAL OR COMPLETE LOWER RELINE -(Explicit)-Indicates the oral examination is for a reline of a partial or complete lower denture.

L44 UNDER 44 WEEKS CONCEPTUAL AGE, ROLE OF SURGEON - (Explicit) - Infants under 44 weeks of conceptual age. Applies only to cardiovascular and thoracic surgery.

L44ANE UNDER 44 WEEKS CONCEPTUAL AGE, ROLE OF ANESTHETIST - (Explicit) - Infants under 44 weeks of conceptual age. Applies only to anesthetic services.

TOC TRANSFER OF CARE - (Explicit) - Indicates the care of a hospitalized patient was transferred to a second practitioner in the same facility. The practitioner receiving the transferred patient must use TOC.

TPAFB THERAPEUTIC PHARMACEUTICAL AGENTS/FOREIGN BODY AND CO-MANAGEMENT OF GLAUCOMA - (EXPLICIT) - Indicates an Optometrist has specific accreditation to provide benefits for the prescription of therapeutic pharmaceutical agents, the removal of foreign bodies from the eye and the co-management of glaucoma patients.

UPDT COMPLETE UPPER DENTURE - (Explicit)- Indicates the oral examination is for a complete upper denture.

UPPT PARTIAL UPPER DENTURE - (Explicit) -Indicates the oral examination is for a partial upper denture.

UPRL PARTIAL OR COMPLETE UPPER RELINE - (Explicit) - Indicates the oral examination is for a reline of a partial or complete upper denture.

LVP LESSER VALUE PROCEDURE - (Explicit) - Indicates that the procedure should be processed at a reduced rate. IF BASE RATE AMOUNTS ARE EQUAL ON THE HEALTH SERVICE CODES CLAIMED, LVP50 OR LVP75 ARE NOT TO BE USED.

ADD ADDITIONALS - (Explicit) - Indicates that the procedure is paid in addition to a specific procedure at a specified rate.

ADD2 ADDITIONAL SECOND CALL - (Explicit) - Used to replace ADD modifier if two of the same procedures were performed.

LVP50 LESSER VALUE PROCEDURE AT 50% - (Explicit) - Indicates the procedure of lesser value so that the Governing Rules to pay the second procedure at a reduced rate can be applied.

LVP75 LESSER VALUE PROCEDURE AT 75% - (Explicit) - Indicates the procedure of lesser value.

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NBPG NUMBER OF PATIENTS IN GROUP - (Explicit) - Used to indicate the number of people in a psychiatric group. A two digit numeric character must be added to the modifiers' alpha character, Example: NBPG08. This two digit numeric character represents the number of people participating in the psychiatric group. Depending on the skill indicated the rate is divided by the number of people to determine the rate per person per 15 minutes.

This modifier will be used in conjunction with the appropriate units modifier that is based on time, and is derived from the calls field used if the visit exceeds 15 minutes.

NBPG NUMBER OF PATIENTS IN GROUP - (Explicit) - Used by both, Fee-for-Service and Mental Health Sessional Practitioners on sessional payments to indicate the number of people participating in group psychotherapy service.

Example: NBPG10 - for SKILL GP Rate (33.59); divide the rate (33.59) by the number of people (10) = \$3.36 per patient per 15 minutes.

NBTR NUMBER OF TRAYS - (Explicit) - Used to indicate that multiple trays were used as described in Governing Rules 14.1, 14.2, 14.3, 14.3.1, 14.3.2 and 14.3.3. This modifier code must have a two digit numeric character attached indicating the number of trays used (Example: NBTR02).

NBTR NUMBER OF TRAYS - (Explicit) - Indicates the number of trays used, system defaults to one if modifier not used.

NOFL WITHOUT FLUOROSCOPY - (Explicit) - Used to indicate an xray which usually requires fluoroscopy was performed without the fluoroscopy component.

NOFLSP WITHOUT FLUOROSCOPY - (Explicit)

RECO RECONSTRUCTION - (Explicit) - Used to indicate the type of tissue repair or if a procedure was performed through an open incision.

CMPRSC COMPOSITE TISSUE RESECTION (Explicit) - Used to indicate a composite tissue resection (including bone).

FNCAR FLAP FUNCTIONAL AREA (Explicit) - Used to indicate a flap in a functional area.

OPEN OPEN INCISION - (Explicit) - Used to indicate that a procedure was performed through an open incision, therefore is payable at a modified rate.

OPEN2 OPEN SECOND CALL - (Explicit) - Used to replace open modifier if two of the same procedures were performed.

PROSTH PROSTH - PERIPROSTHETIC FRACTURE - (Explicit) - Used to indicate an open reduction of a periprosthetic fracture of a long bone when no revision arthroplasty of the same long bone is performed in the same surgical procedure.

YGRFTA Y GRAFT ANAESTHETIC - (Explicit) - Used to indicate a full Y graft. Applies only to anesthetic services.

2ZPL FLAP 5-10cm OR DOUBLE Z PLASTY - (Explicit) - Used to indicate a functional area flap or a double Z plasty.

3ZPL FLAP GREATER THAN 10cm OR TRIPLE Z PLASTY - (Explicit) - Used to indicate a functional area flap or a triple Z plasty.

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REDO REDO PROCEDURE - (Explicit) - Cardiac, Vascular, and Thoracic surgery as described in GR 6.15, re-operation for strabismus repair, or orthopaedic procedures as listed in GR 6.17.1.

COMPLT COMPLETE - (Explicit) - When a procedure is performed entirely through a previous incision. Applies to both the surgical and anaesthetic components of health service codes.

NUFRAC NON UNION OF FRACTURE - (Explicit) - May be claimed for the open reduction of a fracture with demonstrated radiographic non-union at least 12 weeks from the date of the initial fracture. Applies only to the surgical component of a health service code.

ORREDO ORTHOPEDIC REDO - (Explicit) - Used to indicate redo orthopedic surgery on or relating to the same joint or muscle structure on which the patient has previously had an orthopedic surgical intervention. Applies only to the surgical component of a health service code.

PART PARTIAL - (Explicit) - When part of a procedure is performed through a previous incision. Applies to both the surgical and anaesthetic components of health service codes.

PDREDO PODIATRIC SURGERY REDO - (Explicit) - Used to indicate redo podiatric surgery on or relating to the same joint or muscle structure on which the patient has previously had a podiatric surgical intervention. Applies only to the surgical component of a health service code.

REANE REANE ANAESTHESIA FOR RE-OPERATION - (Explicit) - For a Strabismus re-operation a specified rate is paid in addition to the anaesthetic benefit payable.

REDO1 FIRST REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the first redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a health service code.

REDO2 REDO2 - SECOND REDO UTILIZING SAME INCISION (Explicit) - Used to indicate the second redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a health service code.

REDO3 REDO3 - THIRD REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the third redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a health service code.

REDO4 REDO4 - FOURTH REDO UTILIZING SAME INCISION (Explicit) - Used to indicate the fourth redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a health service code.

REDO5 REDO5 - FIFTH REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the fifth redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a health service code.

REOP REOP RE-OPERATION - (Explicit) - For a Strabismus re-operation, a specified rate is paid in addition to the procedure benefit payable.

REPT REPEAT - (Explicit) - Indicates the same service was performed previously and therefore this service is payable at a modified rate.

OPST OPPOSITE SIDE - (Explicit) - Indicates the service was performed previously but on the other side of the body.

REPT REPEAT - (Explicit) - Indicates the service was performed previously and therefore this service is payable at a modified rate.

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ROLE - (Explicit) - This modifier indicates the capacity in which the service provider is functioning. This is an explicit modifier, however if no role modifier is identified, the system will assume the service provider functioned as the surgeon.

The surgical assistant (SA) modifier may not be claimed with the following role modifiers by the same physician for the same service for the same patient during the same encounter.

ASIC, MSURG2, MSRGN, MSRGP, SAQS, SSOS, SSCVT, SSST

The following modifiers are to be used when:

ANE ANAESTHETIST - (Explicit) - The physician functions as the Anaesthetist and is claiming the listed anaesthetic benefit.

ANEST ANAESTHETIST TRC - (Explicit) - The physician functions as the Anaesthetist and is claiming a benefit based on the duration of the anaesthetic.

ASIC ASSISTANCE INTERVENTIONAL CARDIOLOGIST SECOND SURGEON - (Explicit) - The physician is an interventional cardiologist providing assistance at a coronary angioplasty.

MSRGN SECOND NEUROSURGEON MICROSURGERY - (Explicit) - A second neurosurgeon utilizing microsurgical technique to perform a specific surgical procedure.

MSRGP SECOND PLASTIC SURGEON MICROSURGERY - (Explicit) - A second plastic surgeon utilizing microsurgical technique to perform a specific surgical procedure.

MSURG2 2ND MICROSURGERY - (Explicit) - A second surgical specialist utilizing microsurgical technique to perform a specific surgical procedure.

SA SURGICAL ASSISTANT - (Explicit) - Service provider functions as a surgical assistant for a surgical procedure. This modifier may be claimed when hospital regulations or bylaws require an assistant for a particular surgical procedure.

SAQS SURGICAL ASSISTANT QUALIFIED SECOND SURGEON - (Explicit) - A surgical specialist provides surgical assistance in unusual circumstances. This modifier may be claimed when the complexities of a particular surgical procedure on a particular patient require a second qualified, surgical specialist assisting.

SOSS SECOND ORAL SURGERY SURGEON - (Explicit) - A qualified oral and maxillofacial surgeon functions as a second surgeon during complex oral and maxillofacial surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second oral and maxillofacial surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time.

SSCVT SECOND SURGEON CARDIOVASCULAR OR THORACIC SURGEON - (Explicit) - A cardiovascular or thoracic surgeon functions as a second surgeon on a cardiovascular thoracic surgical team.

SSOS SECOND SURGEON ORTHOPEDIC SURGEON - (Explicit) - An orthopedic surgeon functions as a second surgeon during complex orthopedic surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second orthopedic surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time.

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SSPS SECOND SURGEON PODIATRIC SURGEON - (Explicit) - A podiatric surgeon functions as a second surgeon during complex podiatric surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second podiatric surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time.

SSST SECOND SURGEON SURGICAL TEAM - (Explicit) - A surgical specialist functions as a second surgeon of a second surgical team.

2ANES ANAESTHETIST TRC 2 -(Explicit)- The physician functions as the Anaesthetist and is claiming anaesthetic time premium units based on the duration of the anaesthetic.

SAQU SURGICAL ASSISTANT QUALIFIED SECOND SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Surgical Assistant Qualified Second Surgeon role modifier (SAQS) is used. EACH UNIT REPRESENTS 15 MINUTES.

SAQU SURGICAL ASSISTANT QUALIFIED SECOND SURGEON UNIT - (Implicit)
Surgical Assistant Qualified Second Surgeons are claimed on a time basis. Claim the entire elapsed time against the primary procedure, even if multiple procedures are done. (Example: If procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). For SAQU each call covers 15 minutes, therefore 2 hours equal 8 calls.

SAU SURGICAL ASSIST UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Surgical Assist role modifier (SA) is used. THE FIRST UNIT REPRESENTS 1 HOUR, EACH SUBSEQUENT UNIT REPRESENTS 15 MINUTES.

SAU SURGICAL ASSIST UNITS - (Implicit) - Surgical Assists are claimed on a time basis. Claim the entire elapsed time against the primary procedure, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). For SAU the first call covers the first hour, therefore 2 hours equal 5 calls.

SESU SESSIONAL UNITS (Implicit) - This modifier is used to indicate the duration of a psychiatric service to be paid on a sessional basis. The modifier is system derived from the information entered in the calls field when skill GNMH or SPMH are used. EACH UNIT REPRESENTS ONE 15 MINUTE PERIOD. The skill (GNMH or SPMH) must be used with this modifier to determine amount payable.

SESU SESSIONAL UNITS - (Implicit)

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SKLL SKILL - (Implicit) - The SKILL modifier designates the discipline and specialty/accreditation under which the service provider provided the service. This is an implicit modifier, however if using another skill, it is an explicit modifier and it is derived from the skill field on the claim instead of the default skill.

ANES ANAESTHETIST - (Implicit)
ANPA ANATOMICAL PATHOLOGY - (Implicit)
CARD CARDIOLOGY - (Implicit)
CLIM CLINICAL IMMUNOLOGY AND ALLERGY - (Implicit)
CMSP COMMUNITY MEDICINE SPECIALIST - (Implicit)
CRCM CRITICAL CARE MEDICINE - (Implicit)
CRSG CARDIAC SURGEON - (Implicit)
CTSG CARDIOVASCULAR AND THORACIC - (Implicit)
DERM DERMATOLOGY - (Implicit)
DIRD DIAGNOSTIC RADIOLOGY - (Implicit)
E/M ENDOCRINOLOGY/METABOLISM - (Implicit)
EMSP EMERGENCY MEDICINE - (Implicit)
FTER FULL TIME EMERGENCY ROOM - (Implicit)
GAST GASTROENTEROLOGY - (Implicit)
GNMH GENERALISTS RATES FOR MENTAL HEALTH PHYSICIANS - (Implicit)
GNSG GENERAL SURGERY - (Implicit)
GP GENERAL PRACTICE - (Implicit)
HEM HAEMATOLOGY - (Implicit)
HEPA HAEMATOLOGICAL PATHOLOGY - (Implicit)
IDIS INFECTIOUS DISEASES - (Implicit)
INMD INTERNAL MEDICINE - (Implicit)
MDBI MEDICAL BIOCHEMISTRY - (Implicit)
MDGN MEDICAL GENETICS - (Implicit)
MDMI MEDICAL MICROBIOLOGY - (Implicit)
MDON MEDICAL ONCOLOGY - (Implicit)
NCMD NUCLEAR MEDICINE - (Implicit)
NEPH NEPHROLOGY - (Implicit)
NEUR NEUROLOGY - (Implicit)
NPM NEONATAL PERINATAL MEDICINE - (Implicit)
NUPA NEUROPATHOLOGY - (Implicit)
NUSG NEUROSURGERY - (Implicit)
OBYG OBSTETRICS AND GYNAECOLOGY - (Implicit)
OCMD OCCUPATIONAL MEDICINE SPECIALTY - (Implicit)
OPHT OPHTHALMOLOGY - (Implicit)
ORPA ORAL PATHOLOGY - (Implicit)
ORSG ORAL SURGERY - (Implicit)
ORTH ORTHOPAEDIC - (Implicit)
OTOL OTOLARYNGOLOGY - (Implicit)
OVAC OCULO - VISUAL ASSESSMENT CERTIFICATION - (Implicit)
PATH GENERAL PATHOLOGY - (Implicit)
PDGE PEDIATRIC GASTROENTEROLOGY - (Implicit)
PDNR PEDIATRIC NEUROLOGY - (Implicit)
PDSG PAEDIATRIC GENERAL SURGERY - (Implicit)
PED PAEDIATRICS - (Implicit)
PEDC PEDIATRIC CARDIOLOGY - (Implicit)
PEDN PEDIATRIC NEPHROLOGY - (Implicit)

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PHMD PHYSICAL MEDICINE AND REHABILITATION - (Implicit)
 PLAS PLASTIC SURGERY - (Implicit)
 PODS PODIATRIC SURGERY - (Implicit)
 PROS PROSTHODONTICS - (Implicit)
 PSYC PSYCHIATRY - (Implicit)
 RHEU RHEUMATOLOGY - (Implicit)
 ROSP RADIATION ONCOLOGY - (Implicit)
 RSMD RESPIRATORY MEDICINE - (Implicit)
 SPMH SPECIALIST RATES FOR MENTAL HEALTH PHYSICIANS - (Implicit)
 THOR THORACIC SURGERY - (Implicit)
 UROL UROLOGY - (Implicit)
 VSSG VASCULAR SURGERY - (Implicit)

SOSU Second Oral Surgery Surgeon Units

SOSU SECOND ORAL SURGERY SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Oral Surgery Surgeon role modifier (SOSS) is used. THE FIRST UNIT (SOSS) REPRESENTS 45 MINUTES and is \$235.93; EACH SUBSEQUENT UNIT (SOSU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF and is \$78.64

SECOND ORAL SURGERY SURGEON UNIT - (Implicit) - A qualified oral and maxillofacial surgeon functioning as a second surgeon during complex oral and maxillofacial surgery may claim for his/her services on a time basis when they have actively participated in the planning for and performance of the procedure. Only the second oral and maxillofacial surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. The entire surgical time is to be claimed against the primary procedure even if multiple procedures are performed. For example, if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only. The first call covers the first 45 minutes and the next 5 calls cover the next 1 hour and 15 minutes, for a total of 6 calls.

SSOU SECOND SURGEON ORTHOPEDIC SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Surgeon Orthopedic Surgeon role modifier (SSOS) is used. THE FIRST UNIT (SSOS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SSOU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SSOU SECOND SURGEON ORTHOPEDIC SURGEON UNIT - (Implicit) - An orthopedic surgeon functioning as a second surgeon during complex orthopedic surgery may claim for his/her services on a time basis when he/she has actively participated in the planning for and performance of the procedure. Only the second orthopedic surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. The entire surgical time is to be claimed against the primary procedure even if multiple procedures are performed. For example, if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only. For SSOU, the first call covers the first 45 minutes, therefore, 2 hours equals 6 calls.

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SSPU SECOND SURGEON PODIATRIC SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Surgeon Podiatric Surgeon role modifier (SSPS) is used. THE FIRST UNIT (SSPS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SSPU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SSPU SECOND SURGEON PODIATRIC SURGEON UNIT - (Implicit) - A podiatric surgeon functioning as a second surgeon during complex podiatric surgery may claim for his/her services on a time basis when he/she has actively participated in the planning for and performance of the procedure. Only the second podiatric surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. The entire surgical time is to be claimed against the primary procedure even if multiple procedures are performed. For example, if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only. For SSPU, the first call covers the first 45 minutes, therefore, 2 hours equals 6 calls.

SUBD SUBDIVISION - (Explicit) - This modifier type is used with visit health service codes to indicate during which time period the service recipient/ service provider encounter took place. For evening and night-time home visits, the request for the visit and the visit itself must be placed and made within the appropriate subdivision time period. These modifiers are applicable during the evening on weekdays, during the day and evening on weekends and statutory holidays, and during the night on any day. A fee is added to the base rate as indicated by the modifier.

BNEV (Explicit) 1700 - 2200 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY

BNEVWK (Explicit) 0700 - 2200 HOURS - SATURDAY, SUNDAY, STATUTORY HOLIDAY - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY

BNNTAM (Explicit) 2400 - 0700 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY

BNNTPM (Explicit) 2200 - 2400 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY

HAEV (Explicit) 1700 - 2200 HOURS - HOSPITAL ADMISSION

HAEVWK (Explicit) 0700 - 2200 HOURS - SATURDAY, SUNDAY, STATUTORY HOLIDAY HOSPITAL ADMISSION

HANTAM (Explicit) 2400 - 0700 HOURS - HOSPITAL ADMISSION

HANTPM (Explicit) 2200 - 2400 HOURS - HOSPITAL ADMISSION

OFEV (Explicit) 1700 - 2200 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE

OFEVWK (Explicit) 0700 - 2200 HOURS - HOME VISIT SATURDAY, SUNDAY, STATUTORY HOLIDAY OR INTERRUPTION OF OFFICE HOURS, EMERGENCY OR CALLBACK TO CLOSED OFFICE

OFNTAM (Explicit) 2400 - 0700 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE

OFNTPM (Explicit) 2200 - 2400 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE

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SURC SERVICES UNSCHEDULED - (Explicit) - This modifier type is used for services listed in the Governing Rule to indicate during which time period a service provider provided unscheduled in-patient, out-patient or rotation duty off-hours services for a hospital service recipient. A fee is added to the base rate as indicated by the modifier. For visits, refer to the subdivision modifier.

DEV (Explicit) DENTAL WEEKDAY EVENING - Between 1700 and 2200 hours.
 DNTPM (Explicit) DENTAL NIGHT EVENING - Between 2200 and 2400 hours.
 DWK (Explicit) DENTAL WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.
 EV (Explicit) WEEKDAY EVENING - Between 1700 and 2200 hours.
 NTAM (Explicit) NIGHT MORNING - Between 2400 and 0700 hours.
 NTPM (Explicit) NIGHT EVENING - Between 2200 and 2400 hours.
 PEV (Explicit) PODIATRIC SURGERY WEEKDAY EVENING - Between 1700 and 2200 hours.
 PNTAM (Explicit) PODIATRIC SURGERY NIGHT MORNING - Between 2400 and 0700 hours.
 PNTPM (Explicit) PODIATRIC SURGERY NIGHT EVENING - Between 2200 and 2400 hours.
 PWK (Explicit) PODIATRIC SURGERY WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.
 RDEV (Explicit) ROTATION DUTY WEEKDAY EVENING - Between 1700 and 2200 hours.
 RDNTAM (Explicit) ROTATION DUTY NIGHT MORNING - Between 2400 and 0700 hours.
 RDNTPM (Explicit) ROTATION DUTY NIGHT EVENING - Between 2200 and 2400 hours.
 RDWK (Explicit) ROTATION DUTY WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.
 WK (Explicit) WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.

SURT AFTER HOURS TIME PREMIUM - (Explicit) - This modifier type is used to indicate after hours time units for services provided to patients in active treatment hospitals, nursing homes and auxiliary hospitals. This modifier is payable in 15 minute blocks to a maximum of 4 per hour, per physician. It is to be billed beginning at the time of contact with the patient and may only be claimed for direct patient care time related to the provision of an insured service. The after-hours time premium units may not be claimed for stand by time, e.g. time spent waiting for results of diagnostic tests. In the event that one 15 minute period covers two time periods, the modifier claimed will be based on the time period where the majority of the 15 minute period was spent. In the event that the time spent with the patient covers more than one time period, additional SURT modifiers may be claimed, each according to the time spent with the patient in that particular time period.

PNTA (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM ANY DAY NIGHT MORNING - Between 2400 and 0700 hours
 PNTP (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM ANY DAY NIGHT EVENING - Between 2200 and 2400 hours
 PTEV (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM WEEKDAY EVENING - Between 1700 and 2200 hours
 PTST (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM STATUTORY HOLIDAYS - Between 0700 and 2200 hours
 PTWK (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM WEEKEND - Between 0700 and 2200 hours
 TEV (Explicit) AFTER HOURS TIME PREMIUM WEEKDAY EVENING - Between 1700 and 2200 hours

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- TNTA (Explicit) AFTER HOURS TIME PREMIUM ANY DAY NIGHT MORNING - Between 2400 and 0700 hours
- TNTP (Explicit) AFTER HOURS TIME PREMIUM ANY DAY NIGHT EVENING - Between 2200 and 2400 hours
- TST (Explicit) AFTER HOURS TIME PREMIUM STATUTORY HOLIDAYS - Between 0700 and 2200 hours
- TWK (Explicit) AFTER HOURS TIME PREMIUM WEEKEND - Between 0700 and 2200 hours
- TELE TELEHEALTH - (Explicit) - This modifier is used to indicate telehealth services.
- STFO STORE AND FORWARD - (Explicit) - This modifier is used to indicate the telehealth service using store and forward videotechnology.
- TELES TELEHEALTH - (Explicit) - A Medical consultant (other than a radiologist) may claim the appropriate consultation health service code with modifier TELES when a patient is referred from another physician, a midwife, podiatrist, dentist, optometrist or nurse practitioner. Referrals from a non-physician other than a midwife, podiatrist, dentist, optometrist or nurse practitioner may be claimed under the appropriate non-referred visit health service code.
- A Podiatric Surgeon consultant may claim the appropriate consultation health service code with modifier TELES when a patient is referred from a Medical practitioner, podiatric surgeon or a podiatrist. Referrals from any other source may be claimed under the appropriate non-referred visit health service code.
- TRAY TRAY - (Implicit) - A specified amount is added to the base amount for procedures listed in Governing Rule 14.1 and 14.2. If more than one tray is used refer to NBTR.
- MAJT MAJOR TRAY - (Implicit)
- MINT MINOR TRAY - (Implicit)
- TSAR TWO SURGEONS SAME ANATOMICAL REGION - (Explicit) - Used to indicate that payment for the 2nd surgeon is to be made according to the Price List. Example: Health Service Code 14.49H (tumor of the cranial base). Base rate is payable for the neurosurgical component performed by the neurosurgeon. If the otolaryngological component is performed by a second surgeon, modifier ENT must be applied to Health Service Code 14.49H.
- ENT OTOLARYNGOLOGY - (Explicit) - Indicates the payment for the otolaryngological component of the procedure.
- TSAR TWO SURGEONS SAME ANATOMICAL REGION - (Explicit) - Payment for the second surgeon same anatomical region should be processed according to the Price List.

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- UGA PROCEDURE UNDER GENERAL ANAESTHETIC - (Explicit) - Increases payment for services performed under general anaesthetic in accordance with restrictions listed in the Governing Rule.
- UGA PROCEDURE UNDER GENERAL ANAESTHETIC - (Explicit) - Replaces base rate for specific procedures performed under general anaesthetic in accordance with the Governing Rule.
- UNDP UNDISPLACED - (Explicit) - Used to indicate an undisplaced fracture as described in Governing Rule 6.11.2.
- UNDP UNDISPLACED - (Explicit)
- VANE VARIABLE ANAESTHETIC (Implicit) - Indicates a specific rate adjustment for role ANE and/or ANEST with specific HSCs.
- ADDA ADDITIONS ANAESTHETIC (Implicit) - Modifier ADDA is derived from explicit modifiers ANE and ADD. It indicates the anaesthetic rate which is payable in addition to a specific anesthetic rate for another procedure.
- AGEG2 AGE ANAESTHETIC OVER 2 YEARS - (Implicit) - Modifier AGEG2 is derived from the implicit modifier G2 and explicit modifier ANE. It adjusts the rate for role ANE.
- AGEL10 AGE ANAESTHETIC UNDER 10 YEARS - (Implicit) - Modifier AGEL10 is derived from the implicit modifier L10 and explicit modifier ANE. It adjusts the rate for role ANE.
- AGEL4 AGE ANAESTHETIC UNDER 4 YEARS - (Implicit) - Modifier AGEL4 is derived from the implicit modifier L4 and explicit modifier ANE. It adjusts the rate for role ANE.
- L30AN UNDER 30 DAYS, ROLE OF ANE - (Implicit) - Modifier L30AN is derived from the implicit modifier L30 and explicit modifier ANE. It adjusts the rate for role ANE.
- L30AT UNDER 30 DAYS, ROLE OF ANEST - (Implicit) - Modifier L30AT is derived from the implicit modifier L30 and explicit modifier ANEST. It adjusts the rate for role ANEST.
- L30AT2 UNDER 30 DAYS, ROLE OF ANES2 - (Implicit) - Modifier L30AT2 is derived from the implicit modifier L30 and explicit modifier 2ANES. It adjusts the rate for role 2ANES.
- XRAY XRAY STUDIES - (Explicit) - Used to indicate that an xray was performed with the use of video, stereo, or cine studies.
- CINE CINE - (Explicit) - Indicates xray involved cine.
- STEREO STEREO - (Explicit) - Indicates xray involved stereo.
- VIDEO VIDEO - (Explicit) - Indicates xray involved video.

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- 2ANU ANAESTHETIC TIME PREMIUM UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Anaesthetic time unit premium role modifier (2ANES) is used. EACH UNIT REPRESENTS 5 MINUTES. ADDITIONAL 5 MINUTE UNITS MAY NOT BE CLAIMED UNLESS A FULL 5 MINUTES HAS ELAPSED.
- 2ANU ANAESTHETIC TIME PREMIUM UNITS - (Implicit) - For anaesthetic claimed on a time basis, claim the entire elapsed time against the health service code which has the 2ANES modifier, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against the health service code which has the 2ANES modifier). 2 hours equals 24 calls.
- 2MNU SECOND NEUROSURGEON MICROSURGERY UNITS (Implicit)
- 2MNU SECOND NEUROSURGEON MICROSURGERY UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the second neurosurgeon microsurgery role modifier (MSRGN) is used. EACH UNIT REPRESENTS 1 HOUR.
- 2MPU SECOND PLASTIC SURGEON MICROSURGERY UNITS (Implicit)
- 2MPU SECOND PLASTIC SURGEON MICROSURGERY UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the second plastic surgeon microsurgery role modifier (MSRGP) is used. EACH UNIT REPRESENTS 1 HOUR.
- 2MSU SECOND MICROSURGERY UNITS (Implicit) - This modifier is system derived from the information entered in the calls field when the second Microsurgery role modifier (MSURG2) is used. EACH UNIT REPRESENTS 1 HOUR.
- 2MSU SECOND MICROSURGERY UNITS - (Implicit)