IOWA Health and Human Services

Procedure Code Modifiers
(Updated 4/18/2024)

Anesthesia

Modifier	Descriptor	Reimbursement Impact
AA	Anesthesia service personally performed by physician	100.00% of fee schedule amount
AD	Medical supervision by a physician for more than 4 concurrent procedures	50.00% of fee schedule amount
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	50.00% of fee schedule amount
QX	CRNA service with medical direction by a physician	50.00% of fee schedule amount
QY	Medical direction of one certified registered nurse anesthetist	50.00% of fee schedule amount
QZ	CRNA service without medical direction by a physician	80.00% of fee schedule amount

Audiologist/Hearing Aid Dealers

Modifier	Descriptor	Reimbursement Impact
52	Reduced services - Test applied to one ear instead of two ears	Dates of Service prior to 10/01/17: 90.00% of fee schedule amount Dates of Service on or after 10/01/17: 50.00% of fee schedule amount
U3	Nursing home dispensing fee	HCPCS V5160 and V5241: 110.00% of fee schedule amount

Durable Medical Equipment

Modifier	Descriptor	Reimbursement Impact
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services	69.40% of fee schedule amount
CG	Policy criteria applied	HCPCS E0627: 63.60% of fee schedule amount
UE	Used equipment	80.00% of fee schedule amount
U5	Medicaid-defined modifier	Allows for payment above the fee schedule amount if service is prior authorized.

Local Education Agency/Area Education Agency/Infant and Toddler Program

**Services paid under Medicaid Fee-for-Service Only*

Modifier	Descriptor	Reimbursement Impact
AH	Clinical psychologist services	95.00% of fee schedule amount
AJ	Clinical social worker (CSW) services	72.00% of fee schedule amount
GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care	100.00% of fee schedule amount
GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care	100.00% of fee schedule amount
GP	Service delivered personally by a physical therapist or under an outpatient therapy plan of care	100.00% of fee schedule amount

Modifier	Descriptor	Reimbursement Impact
HO	Master's degree level	Local Education Agency: 72.00% of fee schedule amount All other providers: 80.00% of fee schedule amount
HQ	Group setting	60.00% of fee schedule amount
TD	Registered nurse (RN)	72.00% of fee schedule amount
TE	Licensed practical nurse (LPN)	64.00% of fee schedule amount
TL	Early intervention/Individualized family service plan (IFSP)	63.00% of fee schedule amount
TM	Individualized education program (IEP)	63.00% of fee schedule amount HCPCS T1001-T1003: 97.00% of fee schedule amount
UA	Medicaid-defined modifier (Audiologist)	165.00% of fee schedule amount
U9	Medicaid-defined modifier (Other Health Associate)	50.00% of fee schedule amount

Other

Modifier	Descriptor	Reimbursement Impact
22	Increased procedural services	110.00% of fee schedule amount
50	Bilateral procedure	HCPCS Codes with Bilateral Indicator of "1" Assigned by Medicare: 150.00% of fee schedule amount HCPCS Codes with Bilateral Indicator of "3" Assigned by Medicare: 200.00% of fee schedule amount
52	Reduced services	Dates of Service prior to 10/01/17: 90.00% of fee schedule amount Dates of Service on or after 10/01/17: 50.00% of fee schedule amount
53	Discontinued procedure	Reimbursement based on review of submitted documentation
54	Surgical care, only	Reimbursement based on the pre-op and intra-op percentage assigned to the CPT code by Medicare
55	Post-op management, only	Reimbursement based on the post-op percentage assigned to the CPT code by Medicare
62	Two surgeons	62.50% of fee schedule amount
66	Surgical team	Reimbursement based on review of submitted documentation

Modifier	Descriptor	Reimbursement Impact
73	Discontinued outpatient hospital/ambulatory surgical center (ASC) procedure prior to the administration of anesthesia	50.00% of ASC level fee schedule amount
78	Unplanned return to/or for related procedure during post-op period	Reimbursement based on the intra-op percentage assigned to the CPT code by Medicare
80	Assistant surgeon	16.00% of fee schedule amount
81	Minimum assistant surgeon	16.00% of fee schedule amount
82	Assistant surgeon (when qualified resident surgeon not available)	16.00% of fee schedule amount
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	10.40% of fee schedule amount
U1	Total screening with referral, member < 21, procedure codes 99381-99385 or 99391-99395	Reimbursed at EPSDT fee schedule amount
U6	Total screening, member < 21, procedure codes 99381-99385 or 99391-99395	Reimbursed at EPSDT fee schedule amount