

Network Notification – Humana Healthy Horizons in Louisiana

Notice date: November 18, 2024
To: Humana Healthy Horizons® in Louisiana provider network
From: Humana Healthy Horizons in Louisiana
Subject: Informational Bulletin 24-43: Procedure Code Modifier Utilization Listing

Accepted Procedure Code Modifiers for Claims and Encounters

Louisiana Medicaid has received several provider inquiries regarding modifier utilization. This Informational Bulletin serves to preemptively address inquiries related to procedure code modifiers. For those modifiers where reference or guidance is not included within an established Louisiana Medicaid Provider Manual, providers should refer to the individual managed care plan for policies/guidance related to modifier application in order to assure proper reimbursement.

For convenience, an updated listing of accepted modifiers for claims and encounters is attached.

Value	Name	Description
20	MICROSUREGERY	MICROSURGERY
22	UNUSUAL PROCEDURAL SECRIVES	WHEN THE SERVICE(S) PROVIDED IS GREATER THAN THAT USUALLY REQUIRED FOR THE LISTED PROCEDURE, IT MAY BE IDENTIFIED BY ADDING MODIFIER -22 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09922. A REPORT MAY ALSO BE APPROPRIATE.
23	UNUSUAL ANESTHESIA	OCCASIONALLY, A PROCEDURE, WHICH USUALLY REQUIRES EITHER NO ANESTHESIA OR LOCAL ANESTHESIA, BECAUSE OF UNUSUAL CIRCUMSTANCES MUST BE DONE UNDER GENERAL ANESTHESIA. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -23 TO THE PROCEDURE CODE OF THE BASIC

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		SERVICE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09923.
24	UNRELATED EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN DURING A POSTOPERATIVE PERIOD	THE PHYSICIAN MAY NEED TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) UNRELATED TO THE ORIGINAL PROCEDURE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -24 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09924 MAY BE USED.
25	SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE	THE PHYSICIAN MAY NEED TO INDICATE THAT ON THE DAY A PROCEDURE OR SERVICE IDENTIFIED BY A CPTCODE WAS PERFORMED, THE PATIENT CONDITION REQUIRED A SIGNIFICANT, SEPARATELY IDENTIFIABLE E/M SERVICE ABOVE AND BEYOND THE OTHER SERVICE PROVIDED OR BEYOND THE USUAL PREOPERATIVE AND POSTOPERATIVE CARE ASSOCIATED WITH THE PROCEDURE THAT WAS PERFORMED. THE E/M SERVICE MAY BE PROMPTED BY THE SYMPTOM OR CONDITION FOR WHICH THE PROCEDURE AND/OR SERVICE WAS PROVIDED. AS SUCH, DIFFERENT DIAGNOSES ARE NOT REQUIRED FOR REPORTING OF THE E/M SERVICES ON THE SAME DATE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -25 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09925 MAY BE USED. NOTE: THIS MODIFIER IS NOT USED TO REPORT AN E/M SERVICE THAT RESULTED IN A DECISION TO PERFORM SURGERY. SEE MODIFIER -57.
26	PROFESSIONAL COMPONENT	CERTAIN PROCEDURES ARE A COMBINATION OF A PHYSICIAN COMPONENT AND A TECHNICAL COMPONENT. WHEN THE PHYSICIAN COMPONENT IS REPORTED SEPARATELY, THE SERVICE MAY BE IDENTIFIED BY ADDING THE MODIFIER -26 TO THE USUAL PROCEDURE NUMBER OR THE SERVICE MAY BE REPORTED BY USE OF THE FIVE DIGIT MODIFIER CODE 09926.
30	Description not found	Description not found
47	ANESTHESIA BY SURGEON	REGIONAL OR GENERAL ANESTHESIA PROVIDED BY THE SURGEON MAY BE REPORTED BY ADDING THE MODIFIER -47 TO THE BASIC SERVICE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09947. (THIS DOES NOT INCLUDE LOCAL ANESTHESIA.) NOTE: MODIFIER -47 OR 09947 WOULD NOT BE USED AS A

		MODIFIER FOR THE ANESTHESIA PROCEDURES 00100-01999.
50	BILATERAL PROCEDURE	UNLESS OTHERWISE IDENTIFIED IN THE LISTINGS, BILATERAL PROCEDURES THAT ARE PERFORMED AT THE SAME OPERATIVE SESSION SHOULD BE IDENTIFIED BY ADDING THE MODIFIER -50 TO THE APPROPRIATE FIVE DIGIT CODE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09950
51	MULTIPLE PROCEDURES	WHEN MULTIPLE PROCEDURES, OTHER THAN EVALUATION AND MANAGEMENT SERVICES, ARE PERFORMED AT THE SAME SESSION BY THE SAME PROVIDER, THE PRIMARY PROCEDURE OR SERVICE MAY BE REPORTED AS LISTED. THE ADDITIONAL PROCEDURE(S) OR SERVICE(S) MAY BE IDENTIFIED BY APPENDING THE MODIFIER -51 TO THE ADDITIONAL PROCEDURE OR SERVICE CODE(S) OR BY THE USE OF THE SEPARATE FIVE DIGIT MODIFIER 09951. NOTE: THIS MODIFIER SHOULD NOT BE APPENDED TO DESIGNATED 'ADD-ON' CODES.
52	REDUCED SERVICES	UNDER CERTAIN CIRCUMSTANCES A SERVICE OR PROCEDURE IS PARTIALLY REDUCED OR ELIMINATED AT THE PHYSICIAN'S DISCRETION. UNDER THESE CIRCUMSTANCES THE SERVICE PROVIDED CAN BE IDENTIFIED BY ITS USUAL PROCEDURE NUMBER AND THE ADDITION OF THE MODIFIER -52 SIGNIFYING THAT THE SERVICE IS REDUCED. THIS PROVIDES A MEANS OF REPORTING REDUCED SERVICES WITHOUT DISTURBING THE IDENTIFICATION OF THE BASIC SERVICE. MODIFIER CODE 09952 MAY BE USED AS AN ALTERNATIVE TO MODIFIER -52. NOTE: FOR HOSPITAL OUTPATIENT REPORTING OF A PREVIOUSLY SCHEDULED PROCEDURE/SERVICE THAT IS PARTIALLY REDUCED OR CANCELLED AS A RESULT OF EXTENUATING CIRCUMSTANCES OR THOSE THAT THREATEN THE WELL-BEING OF THE PATIENT PRIOR TO OR AFTER ADMINISTRATION OF ANESTHESIA, SEE MODIFIERS -73 AND -74 (SEE MODIFIERS APPROVED FOR ASC HOSPITAL OUTPATIENT USE).
53	DISCONTINUED PROCEDURE	UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY ELECT TO TERMINATE A SURGICAL OR DIAGNOSTIC PROCEDURE. DUE TO EXTENUATING CIRCUMSTANCES OR THOSE THAT THREATEN THE WELL BEING OF THE PATIENT, IT MAY BE NECESSARY TO INDICATE THAT A SURGICAL OR DIAGNOSTIC PROCEDURE WAS STARTED BUT DISCONTINUED. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE

		MODIFIER -53 TO THE CODE REPORTED BY THE PHYSICIAN FOR THE DISCONTINUED PROCEDURE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09953. NOTE: THIS MODIFIER IS NOT USED TO REPORT THE ELECTIVE CANCELLATION OF A PROCEDURE PRIOR TO THE PATIENT'S ANESTHESIA INDUCTION AND/OR SURGICAL PREPARATION IN THE OPERATING SUITE. FOR OUTPATIENT HOSPITAL/AMBULATORY SURGERY CENTER (ASC) REPORTING OF A PREVIOUSLY SCHEDULED PROCEDURE/SERVICE THAT IS PARTIALLY REDUCED OR CANCELLED AS A RESULT OF EXTENUATING CIRCUMSTANCES OR THOSE THAT THREATEN THE WELL BEING OF THE PATIENT PRIOR TO OR AFTER ADMINISTRATION OF ANESTHESIA, SEE MODIFIERS -73 AND -74.
54	SURGICAL CARE ONLY	WHEN ONE PHYSICIAN PERFORMS A SURGICAL PROCEDURE AND ANOTHER PROVIDES PREOPERATIVE AND/OR POSTOPERATIVE MANAGEMENT, SURGICAL SERVICES MAY BE IDENTIFIED BY ADDING THE MODIFIER -54 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09954.
55	POSTOPERATIVE MANAGEMENT ONLY	WHEN ONE PHYSICIAN PERFORMS THE POSTOPERATIVE MANAGEMENT AND ANOTHER PHYSICIAN HAS PERFORMED THE SURGICAL PROCEDURE, THE POSTOPERATIVE COMPONENT MAY BE IDENTIFIED BY ADDING THE MODIFIER -55 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09955.
56	PREOPERATIVE MANAGEMENT ONLY	WHEN ONE PHYSICIAN PERFORMS THE PREOPERATIVE CARE AND EVALUATION AND ANOTHER PHYSICIAN PERFORMS THE SURGICAL PROCEDURE THE PREOPERATIVE COMPONENT MAY BE IDENTIFIED BY ADDING THE MODIFIER -56 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09956.
57	DECISION FOR SURGERY	AN EVALUATION AND MANAGEMENT SERVICE THAT RESULTED IN THE INITIAL DECISION TO PERFORM THE SURGERY, MAY BE IDENTIFIED BY ADDING THE MODIFIER -57 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09957 MAY BE USED.
59	DISTINCT PROCEDURAL SERVICE	UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM

		OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.
60	Description not found	Description not found
62	TWO SURGEONS	WHEN TWO SURGEONS WORK TOGETHER AS PRIMARY SURGEONS PERFORMING DISTINCT PART(S) OF A SINGLE REPORTABLE PROCEDURE, EACH SURGEON SHOULD REPORT HIS/HER DISTINCT OPERATIVE WORK BY ADDING THE MODIFIER -62 TO THE SINGLE DEFINITIVE PROCEDURE CODE. EACH SURGEON SHOULD REPORT THE CO-SURGERY ONCE USING THE SAME PROCEDURE CODE. IF ADDITIONAL PROCEDURE(S) (INCLUDING ADDON PROCEDURE(S)) ARE PERFORMED DURING THE SAME SURGICAL SESSION, SEPARATE CODE(S) MAY BE REPORTED WITHOUT THE MODIFIER -62 ADDED. MODIFIER CODE 09962 MAY BE USED AS AN ALTERNATIVE TO MODIFIER -62. NOTE: IF A CO-SURGEON ACTS AS AN ASSISTANT IN THE PERFORMANCE OF ADDITIONAL PROCEDURE(S) DURING THE SAME SURGICAL SESSION, THOSE SERVICES MAY BE REPORTED USING SEPARATE PROCEDURE CODE(S) WITH THE MODIFIER -80 OR MODIFIER -81 ADDED, AS APPROPRIATE.
63	PROCEDURE PERFORMED ON INFANTS LESS THAN 4 KG	PROCEDURE PERFORMED ON INFANTS LESS THAN 4 KG
66	Surgical team	UNDER SOME CIRCUMSTANCES, HIGHLY COMPLEX PROCEDURES (REQUIRING THE CONCOMITANT SERVICES OF SEVERAL PHYSICIANS, OFTEN OF DIFFERENT SPECIALTIES, PLUS OTHER HIGHLY SKILLED, SPECIALLY TRAINED PERSONNEL, VARIOUS TYPES OF

		COMPLEX EQUIPMENT) ARE CARRIED OUT UNDER THE 'SURGICAL TEAM' CONCEPT. SUCH CIRCUMSTANCES MAY BE IDENTIFIED BY EACH PARTICIPATING PHYSICIAN WITH THE ADDITION OF THE MODIFIER -66 TO THE BASIC PROCEDURE NUMBER USED FOR REPORTING SERVICES. MODIFIER CODE 09966 MAY BE USED AS AN ALTERNATIVE TO MODIFIER -66.
75	CONCURRENT CARE	CONCURRENT CARE
76	REPEAT PROCEDURE BY SAME PHYSICIAN	THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS REPEATED SUBSEQUENT TO THE ORIGINAL PROCEDURE OR SERVICE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -76 TO THE REPEATED PROCEDURE OR SERVICE OR THE SEPARATE FIVE DIGIT MODIFIER CODE 09976 MAY BE USED.
77	REPEAT PROCEDURE BY ANOTHER PHYSICIAN	THE PHYSICIAN MAY NEED TO INDICATE THAT A BASIC PROCEDURE OR SERVICE PERFORMED BY ANOTHER PHYSICIAN HAD TO BE REPEATED. THIS SITUATION MAY BE REPORTED BY ADDING MODIFIER -77 TO THE REPEATED PROCEDURE/SERVICE OR THE SEPARATE FIVE DIGIT MODIFIER CODE 09977 MAY BE USED.
78	RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE	RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE
78	RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE	RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE PERIOD: THE PHYSICIAN MAY NEED TO INDICATE THAT ANOTHER PROCEDURE WAS PERFORMED DURING THE POSTOPERATIVE PERIOD OF THE INITIAL PROCEDURE. WHEN THIS SUBSEQUENT PROCEDURE IS RELATED TO THE FIRST, AND REQUIRES THE USE OF THE OPERATING ROOM, IT MAY BE REPORTED BY ADDING THE MODIFIER -78 T THE RELATED PROCEDURE, OR BY USING THE SEPARATE FIVE DIGIT MODIFIER 09978. (FOR REPEAT PROCEDURES ON THE SAME DAY, SEE -76).
79	UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD	THE PHYSICIAN MAY NEED TO INDICATE THAT THE PERFORMANCE OF A PROCEDURE OR SERVICE DURING THE POSTOPERATIVE PERIOD WAS UNRELATED TO THE ORIGINAL PROCEDURE. THIS CIRCUMSTANCE MAY BE REPORTED BY USING THE MODIFIER -79 OR BY USING THE SEPARATE FIVE DIGIT MODIFIER 09979. (FOR REPEAT PROCEDURES ON THE SAME DAY, SEE -76).

80	ASSISTANT SURGEON	SURGICAL ASSISTANT SERVICES MAY BE IDENTIFIED BY ADDING THE MODIFIER -80 TO THE USUAL PROCEDURE NUMBER(S) OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09980.
90	REFERENCE (OUTSIDE) LABORATORY	WHEN LABORATORY PROCEDURES ARE PERFORMED BY A PARTY OTHER THAN THE TREATING OR REPORTING PHYSICIAN, THE PROCEDURE MAY BE IDENTIFIED BY ADDING THE MODIFIER -90 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09990
91	REPEAT CLINICAL DIAGNOSTIC LABORATORY TEST	IN THE COURSE OF TREATMENT OF THE PATIENT, IT MAY BE NECESSARY TO REPEAT THE SAME LABORATORY TEST ON THE SAME DAY TO OBTAIN SUBSEQUENT (MULTIPLE) TEST RESULTS. UNDER THESE CIRCUMSTANCES, THE LABORATORY TEST PERFORMED CAN BE IDENTIFIED BY ITS USUAL PROCEDURE NUMBER AND THE ADDITION OF THE MODIFIER '-91'. NOTE: THIS MODIFIER MAY NOT BE USED WHEN TESTS ARE RERUN TO CONFIRM INITIAL RESULTS; DUE TO TESTING PROBLEMS WITH SPECIMENS OR EQUIPMENT; OR FOR ANY OTHER REASON WHEN A NORMAL, ONE-TIME, REPORTABLE RESULT IS ALL THAT IS REQUIRED. THIS MODIFIER MAY NOT BE USED WHEN OTHER CODE(S) DESCRIBE A SERIES OF TEST RESULTS (E.G., GLUCOSE TOLERANCE TESTS, EVOCATIVE/SUPPRESSION TESTING). THIS MODIFIER MAY ONLY BE USED FOR LABORATORY TEST(S) PERFORMED MORE THAN ONCE ON THE SAME DAY ON THE SAME PATIENT.
99	MULTIPLE MODIFIERS	UNDER CERTAIN CIRCUMSTANCES TWO OR MORE MODIFIERS MAY BE NECESSARY TO COMPLETELY DELINEATE A SERVICE. IN SUCH SITUATIONS MODIFIER -99 SHOULD BE ADDED TO THE BASIC PROCEDURE, AND OTHER APPLICABLE MODIFIERS MAY BE LISTED AS PART OF THE DESCRIPTION OF THE SERVICE. MODIFIER CODE 09999 MAY BE USED AS AN ALTERNATIVE TO MODIFIER -99.
AA	ANESTHESIA SERVICES PERFORMED PERSONALLY BY ANESTHESIOLOGIST	ANESTHESIA SERVICES PERFORMED PERSONALLY BY ANESTHESIOLOGIST
AB	ANESTHESIA SUPERVISION BY PHYSICIAN OF FOUR OR LESS CRNA EMPLOYEES - 30% PAYMENT (MOD 1)	ANESTHESIA SUPERVISION BY PHYSICIAN OF FOUR OR LESS CRNA EMPLOYEES - 30% PAYMENT (MOD 1)

AD	MEDICAL SUPERVISION BY A PHYSICIAN	MORE THAN FOUR CONCURRENT ANESTHESIA PROCEDURES
AE	REGISTERED DIETICIAN	REGISTERED DIETICIAN
AF	SPECIALTY PHYSICIAN	SPECIALTY PHYSICIAN (LIFT 10032)
AH	CLINICAL PSYCHOLOGIST	CLINICAL PSYCHOLOGIST
AI	PRINCIPAL PHYSICIAN OF RECORD	PRINCIPAL PHYSICIAN OF RECORD
AJ	CLINICAL SOCIAL WORKER	CLINICAL SOCIAL WORKER
AM	PHYSICIAN, TEAM MEMBER SERVICE	PHYSICIAN, TEAM MEMBER SERVICE (Lift 10032)
AO	ALTERNATE PAYMENT METHOD DECLINED BY PROVIDER OF SERVICE	ALTERNATE PAYMENT METHOD DECLINED BY PROVIDER OF SERVICE
AR	PHYSICIAN PROVIDER SERVICES IN A PHYSICIAN SCARCITY AREA	PHYSICIAN PROVIDER SERVICES IN A PHYSICIAN SCARCITY AREA
AS	PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR CLINICAL NURSE SPECIALIST SERVICES FOR ASSISTANT AT SURGERY	PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR CLINICAL NURSE SPECIALIST SERVICES FOR ASSISTANT AT SURGERY
AT	ACUTE TREATMENT (THIS MODIFIER SHOULD BE USED WHEN REPORTING SERVICE 98940, 98941, 98942)	ACUTE TREATMENT (THIS MODIFIER SHOULD BE USED WHEN REPORTING SERVICE 98940, 98941, 98942)
AU	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL, OSTOMY, OR TRACHEOSTOMY SUPPLY	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL, OSTOMY, OR TRACHEOSTOMY SUPPLY
AV	ITEM FURNISHED IN CONJUNCTION WITH A PROSTHETIC DEVICE, PROSTHETIC OR ORTHOTIC	ITEM FURNISHED IN CONJUNCTION WITH A PROSTHETIC DEVICE, PROSTHETIC OR ORTHOTIC
AW	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING

AX	ITEM FURNISHED IN CONJUNCTION WITH DIALYSIS SERVICES	ITEM FURNISHED IN CONJUNCTION WITH DIALYSIS SERVICES
AY	ITEM OR SERVICE FURNISHED TO AN ESRD PATIENT THAT IS NOT FOR THE TREATMENT OF ESRD	ITEM OR SERVICE FURNISHED TO AN ESRD PATIENT THAT IS NOT FOR THE TREATMENT OF ESRD
AZ	PHYSICIAN PROVIDING A SERVICE IN A DENTAL HEALTH PROFESSIONAL SHORTAGE AREA FOR THE PURPOSE OF AN ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT	PHYSICIAN PROVIDING A SERVICE IN A DENTAL HEALTH PROFESSIONAL SHORTAGE AREA FOR THE PURPOSE OF AN ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT
BA	ITEM FURNISHED IN CONJUNCTION WITH PARENTERAL ENTERAL NUTRITION (PEN) SERVICES	ITEM FURNISHED IN CONJUNCTION WITH PARENTERAL ENTERAL NUTRITION (PEN) SERVICES
BO	ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUB	ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUB
CC	PROCEDURE CODE CHANGE (USE 'CC' WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED)	PROCEDURE CODE CHANGE (USE 'CC' WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED)
CH	0 PERCENT IMPAIRED, LIMITED OR RESTRICTED	0 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CI	AT LEAST 1 PERCENT BUT LESS THAN 20 PERCENT IMPAIRED, LIMITED OR RESTRICTED	AT LEAST 1 PERCENT BUT LESS THAN 20 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CJ	AT LEAST 20 PERCENT BUT LESS THAN 40 PERCENT IMPAIRED, LIMITED OR RESTRICTED	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	AT LEAST 40 PERCENT BUT LESS THAN 60 PERCENT IMPAIRED, LIMITED OR RESTRICTED

CL	AT LEAST 60 PERCENT BUT LESS THAN 80	AT LEAST 60 PERCENT BUT LESS THAN 80
CM	AT LEAST 80 PERCENT BUT LESS THAN 100 PERCENT IMPAIRED, LIMITED OR RESTRICTED	AT LEAST 80 PERCENT BUT LESS THAN 100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CN	100 PERCENT IMPAIRED, LIMITED OR RESTRICTED	100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CR	CATASTROPHE/DISASTER RELATED	CATASTROPHE/DISASTER RELATED
CS	ITEM OR SERVICE RELATED, IN WHOLE OR IN PART, TO AN ILLNESS, INJURY, OR CONDITION THAT WAS CAUSED BY OR EXACERBATED BY THE EFFECTS, DIRECT OR INDIRECT, OF THE 2010 OIL SPILL IN THE GULF OF MEXICO, INCLUDING BUT NOT LIMITED TO SUBSEQUENT CLEAN-UP ACTIVITIES	ITEM OR SERVICE RELATED, IN WHOLE OR IN PART, TO AN ILLNESS, INJURY, OR CONDITION THAT WAS CAUSED BY OR EXACERBATED BY THE EFFECTS, DIRECT OR INDIRECT, OF THE 2010 OIL SPILL IN THE GULF OF MEXICO, INCLUDING BUT NOT LIMITED TO SUBSEQUENT CLEAN-UP ACTIVITIES
DA	ORAL HEALTH ASSESSMENT BY A LICENSED HEALTH PROFESSIONAL OTHER THAN A DENTIST	ORAL HEALTH ASSESSMENT BY A LICENSED HEALTH PROFESSIONAL OTHER THAN A DENTIST
E1	UPPER LEFT, EYELID	UPPER LEFT, EYELID
E2	LOWER LEFT, EYELID	LOWER LEFT, EYELID
E3	UPPER RIGHT, EYELID	UPPER RIGHT, EYELID
E4	LOWER RIGHT, EYELID	LOWER RIGHT, EYELID
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM HYALURONATE, INFLIXIMAB	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM HYALURONATE, INFLIXIMAB
EP	SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM	SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM
ET	EMERGENCY SERVICES	EMERGENCY SERVICES

F1	LEFT HAND, SECOND DIGIT	LEFT HAND, SECOND DIGIT
F2	LEFT HAND, THIRD DIGIT	LEFT HAND, THIRD DIGIT
F3	LEFT HAND, FOURTH DIGIT	LEFT HAND, FOURTH DIGIT
F4	LEFT HAND, FIFTH DIGIT	LEFT HAND, FIFTH DIGIT
F5	RIGHT HAND, THUMB	RIGHT HAND, THUMB
F6	RIGHT HAND, SECOND DIGIT	RIGHT HAND, SECOND DIGIT
F7	RIGHT HAND, THIRD DIGIT	RIGHT HAND, THIRD DIGIT
F8	RIGHT HAND, FOURTH DIGIT	RIGHT HAND, FOURTH DIGIT
F9	RIGHT HAND, FIFTH DIGIT	RIGHT HAND, FIFTH DIGIT
FA	LEFT HAND, THUMB	LEFT HAND, THUMB
FX	X-RAY TAKEN USING FILM	X-RAY TAKEN USING FILM
G7	PREGNANCY RESULTED FROM RAPE OR INCEST OR PREGNANCY CERTIFIED BY PHYSICIAN AS LIFE THREATENING	PREGNANCY RESULTED FROM RAPE OR INCEST OR PREGNANCY CERTIFIED BY PHYSICIAN AS LIFE THREATENING
G8	MONITORED ANESTHESIA CARE (MAC) FOR DEEP COMPLEX, COMPLICATED, OR MARKEDLY INVASIVE SURGICAL PROCEDURE	MONITORED ANESTHESIA CARE (MAC) FOR DEEP COMPLEX, COMPLICATED, OR MARKEDLY INVASIVE SURGICAL PROCEDURE
G9	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE CARDIOPULMONARY CONDITION	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE CARDIOPULMONARY CONDITION
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE
GB	CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION	CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION

G9	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE CARDIOPULMONARY CONDITION	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE CARDIOPULMONARY CONDITION
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE
GB	CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION	CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION
GC	THIS SERVICE HAS BEEN PERFORMED IN PART BY A RESIDENT UNDER THE DIRECTION OF A TEACHING PHYSICIAN	THIS SERVICE HAS BEEN PERFORMED IN PART BY A RESIDENT UNDER THE DIRECTION OF A TEACHING PHYSICIAN
GN	SERVICES DELIVERED UNDER AN OUTPATIENT SPEECH LANGUAGE PATHOLOGY PLAN OF CARE	SERVICES DELIVERED UNDER AN OUTPATIENT SPEECH LANGUAGE PATHOLOGY PLAN OF CARE
GO	SERVICES DELIVERED UNDER AN OUTPATIENT OCCUPATIONAL THERAPY PLAN OF CARE	SERVICES DELIVERED UNDER AN OUTPATIENT OCCUPATIONAL THERAPY PLAN OF CARE
GP	SERVICES DELIVERED UNDER AN OUTPATIENT PHYSICAL THERAPY PLAN OF CARE	SERVICES DELIVERED UNDER AN OUTPATIENT PHYSICAL THERAPY PLAN OF CARE
GT	VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS	VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS
GU	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, ROUTINE NOTICE	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, ROUTINE NOTICE
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR,

	DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT	FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT
H9	COURT-ORDERED	COURT-ORDERED
HA	CHILD/ADOLESCENT PROGRAM	CHILD/ADOLESCENT PROGRAM
HB	ADULT PROGRAM, NON GERIATRIC	ADULT PROGRAM, NON GERIATRIC
HD	PREGNANT/PARENTING WOMEN'S PROGRAM	PREGNANT/PARENTING WOMEN'S PROGRAM
HE	MENTAL HEALTH PROGRAM	MENTAL HEALTH PROGRAM
HF	SUBSTANCE ABUSE PROGRAM	SUBSTANCE ABUSE PROGRAM
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM	INTEGRATED MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM
HI	INTEGRATED MENTAL HEALTH AND INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITIES PROGRAM	INTEGRATED MENTAL HEALTH AND INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITIES PROGRAM
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS (LIFT 10032)
HL	INTERN	INTERN
HM	LESS THAN BACHELOR DEGREE LEVEL	LESS THAN BACHELOR DEGREE LEVEL
HN	BACHELORS DEGREE LEVEL	BACHELORS DEGREE LEVEL
HO	MASTERS DEGREE LEVEL	MASTERS DEGREE LEVEL
HP	DOCTORAL LEVEL	DOCTORAL LEVEL
HQ	GROUP SETTING	GROUP SETTING
HR	FAMILY/COUPLE WITH CLIENT PRESENT	FAMILY/COUPLE WITH CLIENT PRESENT

HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT	FAMILY/COUPLE WITHOUT CLIENT PRESENT
HU	FUNDED BY CHILD WELFARE AGENCY	FUNDED BY CHILD WELFARE AGENCY (LIFT 10032)
HW	FUNDED BY STATE MENTAL HEALTH AGENCY	FUNDED BY STATE MENTAL HEALTH AGENCY (LIFT 10032)
HY	FUNDED BY JUVENILE JUSTICE AGENCY	FUNDED BY JUVENILE JUSTICE AGENCY (LIFT 10032)
JE	ADMINISTERED VIA DIALYSATE	ADMINISTERED VIA DIALYSATE
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT
JZ	ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT
K0	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 0	DOES NOT HAVE THE ABILITY OR POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE AND A PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE OR MOBILITY.
K1	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 1	HAS THE ABILITY OR POTENTIAL TO USE A PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED CADENCE. TYPICAL OF THE LIMITED AND UNLIMITED HOUSEHOLD AMBULATOR.
K2	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 2	HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL ENVIRONMENTAL BARRIERS SUCH AS CURBS, STAIRS OR UNEVEN SURFACES. TYPICAL OF THE LIMITED COMMUNITY AMBULATOR
K3	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 3	HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH VARIABLE CADENCE. TYPICAL OF THE COMMUNITY AMBULATOR WHO HAS THE ABILITY TO TRANSVERSE MOST ENVIRONMENTAL BARRIERS AND MAY HAVE VOCATIONAL, THERAPEUTIC, OR EXERCISE ACTIVITY THAT DEMANDS PROSTHETIC UTILIZATION BEYOND SIMPLE LOCOMOTION

K4	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 4	HAS THE ABILITY OR POTENTIAL FOR PROSTHETIC AMBULATION THAT EXCEEDS THE BASIC AMBULATION SKILLS, EXHIBITING HIGH IMPACT, STRESS OR ENERGY LEVELS, TYPICAL OF THE PROSTHETIC DEMANDS OF THE CHILD, ACTIVE ADULT, OR ATHLETE.
KA	ADD ON OPTION/ACCESSORY FOR WHEELCHAIR	ADD ON OPTION/ACCESSORY FOR WHEELCHAIR
KM	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE
KN	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL
L1	PROVIDER ATTESTATION THAT THE HOSPITAL LABORATORY TEST(S) IS NOT PACKAGED UNDER THE HOSPITAL OPPTS	PROVIDER ATTESTATION THAT THE HOSPITAL LABORATORY TEST(S) IS NOT PACKAGED UNDER THE HOSPITAL OPPTS
LC	LEFT CIRCUMFLEX CORONARY ARTERY	LEFT CIRCUMFLEX CORONARY ARTERY
LD	LEFT ANTERIOR DESCENDING CORONARY ARTERY	LEFT ANTERIOR DESCENDING CORONARY ARTERY
LM	LEFT MAIN CORONARY ARTERY	LEFT MAIN CORONARY ARTERY
LM	LEFT MAIN CORONARY ARTERY	LEFT MAIN CORONARY ARTERY
LT	LEFT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE LEFT SIDE OF THE BODY)	LEFT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE LEFT SIDE OF THE BODY)
MH	No description found	No description found
PA	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG BODY PART	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG BODY PART
PB	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG PATIENT	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG PATIENT
PC	WRONG SURGERY OR OTHER INVASIVE PROCEDURE ON PATIENT	WRONG SURGERY OR OTHER INVASIVE PROCEDURE ON PATIENT

PD	DIAGNOSTIC OR RELATED NON DIAGNOSTIC ITEM OR SERVICE PROVIDED IN A WHOLLY OWNED OR OPERATED ENTITY TO A PATIENT WHO IS ADMITTED AS AN INPATIENT WITHIN 3 DAYS	DIAGNOSTIC OR RELATED NON DIAGNOSTIC ITEM OR SERVICE PROVIDED IN A WHOLLY OWNED OR OPERATED ENTITY TO A PATIENT WHO IS ADMITTED AS AN INPATIENT WITHIN 3 DAYS
PN	NON-EXCEPTED OFF-CAMPUS SVC	NON-EXCEPTED OFF-CAMPUS SVC
PS	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM THE SUBSEQUENT TREATMENT STRATEGY OF CANCEROUS TUMORS WHEN THE BENEFICIARY'S TREATING PHYSICIAN DETERMINES THAT THE PET STUDY IS NEEDED TO INFORM SUBSEQUENT ANTI-TUMOR STRATEGY.	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM THE SUBSEQUENT TREATMENT STRATEGY OF CANCEROUS TUMORS WHEN THE BENEFICIARY'S TREATING PHYSICIAN DETERMINES THAT THE PET STUDY IS NEEDED TO INFORM SUBSEQUENT ANTI-TUMOR STRATEGY.
PT	COLORECTAL CANCER SCREENING TEST; CONVERTED TO DIAGNOSTIC TEST OR OTHER PROCEDURE	COLORECTAL CANCER SCREENING TEST; CONVERTED TO DIAGNOSTIC TEST OR OTHER PROCEDURE
Q5	SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL BILLING ARRANGEMENT	SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL BILLING ARRANGEMENT
Q6	SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN	SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN
QD	RECORDING AND STORAGE IN SOLID STATE MEMORY BY A DIGITAL RECORDER	RECORDING AND STORAGE IN SOLID STATE MEMORY BY A DIGITAL RECORDER
QK	MEDICAL DIRECTION OF TWO, THREE, OR FOUR CONCURRENT ANESTHESIA PROCEDURES INVOLVING QUALIFIED INDIVIDUALS	MEDICAL DIRECTION OF TWO, THREE, OR FOUR CONCURRENT ANESTHESIA PROCEDURES INVOLVING QUALIFIED INDIVIDUALS
QQ	CLAIM SUBMITTED WITH A WRITTEN STATEMENT OF INTENT	CLAIM SUBMITTED WITH A WRITTEN STATEMENT OF INTENT

QS	MONITORED ANESTHESIA CARE SERVICE	MONITORED ANESTHESIA CARE SERVICE
QV	ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRIAL	ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRIAL
QW	CLIA WAIVED TEST	CLIA WAIVED TEST
QX	CRNA SERVICE	CRNA SERVICE
QY	MEDICAL DIRECTION OF ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY AN ANESTHESIOLOGIST	MEDICAL DIRECTION OF ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY AN ANESTHESIOLOGIST
QZ	CRNA SERVICE	CRNA SERVICE
RB	DME PART REPLACEMENT	REPLACEMENT OF A PART OF DME FURNISHED AS PART OF A REPAIR
RC	RIGHT CORONARY ARTERY	RIGHT CORONARY ARTERY
RI	RAMUS INTERMEDIUS CORONARY ARTERY	RAMUS INTERMEDIUS CORONARY ARTERY
RP	REPLACEMENT AND REPAIR	MAY BE USED TO INDICATE REPLACEMENT OF DME, ORTHOTIC AND PROSTHETIC DEVICES WHICH HAVE BEEN IN USE FOR SOMETIME. THE CLAIM SHOWS THE CODE FOR THE PART, FOLLOWED BY THE 'RP' MODIFIER AND THE CHARGE FOR THE PART.
RR	Rental	USE THE 'RR' MODIFIER WHEN DME IS TO BE RENTED)
RT	Right Side	USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY
SA	NURSE PRACTITIONER W PHYSICIAN	NURSE PRACTITIONER W PHYSICIAN (LIFT 10032)
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES
SQ	ITEM ORDERED BY HOME HEALTH	ITEM ORDERED BY HOME HEALTH
T1	LEFT FOOT, SECOND DIGIT	LEFT FOOT, SECOND DIGIT
T2	LEFT FOOT, THIRD DIGIT	LEFT FOOT, THIRD DIGIT

T3	LEFT FOOT, FOURTH DIGIT	LEFT FOOT, FOURTH DIGIT
T4	LEFT FOOT, FIFTH DIGIT	LEFT FOOT, FIFTH DIGIT
T5	RIGHT FOOT, GREAT TOE	RIGHT FOOT, GREAT TOE
T6	RIGHT FOOT, SECOND DIGIT	RIGHT FOOT, SECOND DIGIT
T7	RIGHT FOOT, THIRD DIGIT	RIGHT FOOT, THIRD DIGIT
T8	RIGHT FOOT, FOURTH DIGIT	RIGHT FOOT, FOURTH DIGIT
T9	RIGHT FOOT, FIFTH DIGIT	RIGHT FOOT, FIFTH DIGIT
TA	LEFT FOOT, GREAT TOE	LEFT FOOT, GREAT TOE
TD	RN	RN
TE	LPN/LVN	LPN/LVN
TF	INTERMEDIATE LEVEL OF CARE	INTERMEDIATE LEVEL OF CARE
TG	COMPLEX/HIGH TECH LEVEL OF CARE	COMPLEX/HIGH TECH LEVEL OF CARE
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM
TJ	PROGRAM GROUP, CHILD AND/OR ADOLESCENT	PROGRAM GROUP, CHILD AND/OR ADOLESCENT
TN	RURAL/OUTSIDE PROVIDERS' CUSTOMARY SERVICE AREA	RURAL/OUTSIDE PROVIDERS' CUSTOMARY SERVICE AREA
TS	FOLLOW-UP SERVICE	FOLLOW-UP SERVICE
TT	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING
TU	SPECIAL PAYMENT RATE, OVERTIME	SPECIAL PAYMENT RATE, OVERTIME (LIFT 9865)
TV	SPECIAL PAYMENT RATES, HOLIDAYS/WEEKENDS	SPECIAL PAYMENT RATES, HOLIDAYS/WEEKENDS

U1	MEDICAID LEVEL OF CARE 1, AS DEFINED BY EACH STATE (DAY)	MEDICAID LEVEL OF CARE 1, AS DEFINED BY EACH STATE (DAY)
U2	MEDICAID LEVEL OF CARE 2, AS DEFINED BY EACH STATE (2ND HH VISIT ON SAME DOS)	MEDICAID LEVEL OF CARE 2, AS DEFINED BY EACH STATE (2ND HH VISIT ON SAME DOS)
U3	MEDICAID LEVEL OF CARE 3, AS DEFINED BY EACH STATE (3RD HH VISIT ON SAME DOS)	MEDICAID LEVEL OF CARE 3, AS DEFINED BY EACH STATE (3RD HH VISIT ON SAME DOS)
U4	MEDICAID LEVEL OF CARE 4, AS DEFINED BY EACH STATE (HOME MODIFICATIONS, RAMP)	MEDICAID LEVEL OF CARE 4, AS DEFINED BY EACH STATE (HOME MODIFICATIONS, RAMP)
U5	TYPE OF SERVICE 09 ONLY. OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, DISPOSIBLE	TYPE OF SERVICE 09 ONLY. OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, DISPOSIBLE
U6	MEDICAID LEVEL OF CARE 6, AS DEFINED BY EACH STATE (Day Habilitation)	MEDICAID LEVEL OF CARE 6, AS DEFINED BY EACH STATE (Day Habilitation)
U7	MEDICAID LEVEL OF CARE 7, AS DEFINED BY EACH STATE (PSYC)	MEDICAID LEVEL OF CARE 7, AS DEFINED BY EACH STATE (PSYC)
U8	MEDICAID LEVEL OF CARE 8, AS DEFINED BY EACH STATE (Services rendered in the Natural Environment (Home and Community)	MEDICAID LEVEL OF CARE 8, AS DEFINED BY EACH STATE (Services rendered in the Natural Environment (Home and Community)
U9	MEDICAID LEVEL OF CARE 9, AS DEFINED BY EACH STATE (DISASTER RELATED SERVICE OR ILLNESS)	MEDICAID LEVEL OF CARE 9, AS DEFINED BY EACH STATE (DISASTER RELATED SERVICE OR ILLNESS)
UA	MEDICAID LEVEL OF CARE 10, AS DEFINED BY EACH STATE (Employment Supported Personal Attendant Service (Ticket to Work)	MEDICAID LEVEL OF CARE 10, AS DEFINED BY EACH STATE (Employment Supported Personal Attendant Service (Ticket to Work)
UB	MEDICAID LEVEL OF CARE 11, AS DEFINED BY EACH STATE (LT-PCS)	MEDICAID LEVEL OF CARE 11, AS DEFINED BY EACH STATE (LT-PCS)

UC	MEDICAID LEVEL OF CARE 12, AS DEFINED BY EACH STATE (Charity Indicator)	MEDICAID LEVEL OF CARE 12, AS DEFINED BY EACH STATE (Charity Indicator)
UD	MEDICAID LEVEL OF CARE 13, AS DEFINED BY EACH STATE (Wheelchair Seating Evaluation)	MEDICAID LEVEL OF CARE 13, AS DEFINED BY EACH STATE (Wheelchair Seating Evaluation)
UF	SERVICES PROVIDED AT MORNING	SERVICES PROVIDED AT MORNING
UH	SERVICES PROVIDED AT EVENING	SERVICES PROVIDED AT EVENING
UJ	SERVICES PROVIDED AT NIGHT	SERVICES PROVIDED AT NIGHT
UK	SERVICES PROVIDED ON BEHALF OF THE CLIENT TO SOMEONE OTHER THAN THE CLIENT (COLLATERAL RELATIONSHIP) (INDEPENDENT JOB EMPLOYMENT)	SERVICES PROVIDED ON BEHALF OF THE CLIENT TO SOMEONE OTHER THAN THE CLIENT (COLLATERAL RELATIONSHIP) (INDEPENDENT JOB EMPLOYMENT)
UN	TWO PATIENTS SERVED	TWO PATIENTS SERVED
UP	THREE PATIENTS SERVED	THREE PATIENTS SERVED
UQ	FOUR PATIENTS SERVED	FOUR PATIENTS SERVED
UR	FIVE PATIENTS SERVED	FIVE PATIENTS SERVED
V1	DEMONSTRATION MODIFIER 1	DEMONSTRATION MODIFIER 1
V2	DEMONSTRATION MODIFIER 2	DEMONSTRATION MODIFIER 2
V3	DEMONSTRATION MODIFIER 3	DEMONSTRATION MODIFIER 3
V5	VASCULAR CATHETER	VASCULAR CATHETER
V6	ARTERIOVENOUS GRAFT	ARTERIOVENOUS GRAFT
V7	ARTERIOVENOUS FISTULA	ARTERIOVENOUS FISTULA
V8	INFECTION PRESENT	INFECTION PRESENT
V9	NO INFECTION PRESENT	NO INFECTION PRESENT

XE	SEPARATE ENCOUNTER	A SERVICE THAT IS DISTINCT BECAUSE IT OCCURRED DURING A SEPARATE ENCOUNTER
XP	SEPARATE PRACTITIONER	A SERVICE THAT IS DISTINCT BECAUSE IT WAS PERFORMED BY A DIFFERENT PRACTITIONER
XS	SEPARATE ORGAN/STRUCTURE	A SERVICE THAT IS DISTINCT BECAUSE IT WAS PERFORMED ON A SEPARATE ORGAN/STRUCTURE
XU	UNUSUAL SEPARATE SERVICE	THE USE OF A SERVICE THAT IS DISTINCT BECAUSE IT DOES NOT OVERLAP USUAL COMPONENTS OF THE MAIN SERVICE
ZB	PFIZER/HOSPIRA	PFIZER/HOSPIRA