



## *Modifier 99 Fact Sheet*

### Definition:

- Multiple Modifiers are required on one line of service.

### Appropriate Usage:

- Reportable on all procedure codes
- Report modifier 99 in the first modifier position on the line of service
  - list all other modifiers in item 19 or the equivalent electronic data field.
- If the claim has more than one detail line, indicate the detail line number in Item 19 or the equivalent electronic data field.

### Inappropriate Usage:

- Reporting three different modifiers in the first three modifier fields and then 99 in the fourth.
- Reporting less than five modifiers for one line of service



Example:

Bill only Modifier 99 on the line, place all other modifiers in item 19 or its electronic equivalent.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____		17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES													
19. RESERVED FOR LOCAL USE										1. XX XX XX XX XX XX XX (List modifiers and detail line they apply to here)		20. OUTSIDE LAB?		\$ CHARGES													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAL PRESCRIPTION		23. PRIOR AUTHORIZATION NUMBER		ORIGINAL REF. NO.													
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPICOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY										SERVICE		CPT/HCPCS		MODIFIER		POINTER											
1 04 02 06										11		21975		99		1		175.00		001		NPI		1234567890		UPPLIER INFORMATION	
2																				NPI							
3																				NPI							

The only modifier on the line should be Modifier 99. The claim will not be able to be processed.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____		17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES													
19. RESERVED FOR LOCAL USE										1. XX XX XX XX XX XX XX (List modifiers and detail line they apply to here)		20. OUTSIDE LAB?		\$ CHARGES													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAL PRESCRIPTION		23. PRIOR AUTHORIZATION NUMBER		ORIGINAL REF. NO.													
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPICOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY										SERVICE		CPT/HCPCS		MODIFIER		POINTER											
1 04 02 06										11		21975		59 76 72 99		1		175.00		001		NPI		0123456789		UPPLIER INFORMATION	
2																						NPI					
3																						NPI					