



## *Pricing or Payment Modifier Fact Sheet*

### Modifier Submission

The Multi-Carrier System (MCS) used for claims processing requires placement of pricing modifiers in the first modifier position to process claims correctly. Place the modifiers listed below (***except modifiers with an \****) to the right of the procedure code in Item 24D on the CMS-1500 claim form or for ANSI X12 4010 electronic claims submission use segment 2-370-SV101-3.

***Processing delays can occur for claims submitted without the pricing modifier in the first modifier position.***

- AA Anesthesia service personally performed by anesthesiologist
- AD Medical supervision by a physician; more than four concurrent anesthesia procedures
- AS\* Assistant at surgery services provided by a Physician Assistant (PA) or Nurse Practitioner (NP)
- KD\*\* Drug administered through a DME infusion pump
- QK Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals
- QW CLIA waived tests
- QX Certified Registered Nurse Anesthetist (CRNA) service: with medical direction by a physician
- QY Medical direction of one CRNA by an anesthesiologist
- QZ CRNA service: without medical direction by a physician
- TC Technical component
- 26 Professional component
- 50\* Bilateral Procedure performed at the same session on an anatomical site
- 53 Discontinued procedure (only when appended to procedure codes 45378, G0105, G0121)
- 54\* The surgeon is billing the surgical care only

- 55\* Indicate a physician, other than the surgeon, is billing for part of the outpatient postoperative care  
Or:  
Used by the surgeon when providing only a portion of the post-discharge post-operative care
- 62\* Two surgeons (each in a different specialty) are required to perform a specific procedure
- 66\* Team surgeons
- 73\* Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) procedure prior to the administration of anesthesia
- 78\* Return to an operating room for a related procedure during the post-operative period
- 80\* Assistant at surgery service is provided by a medical doctor (MD)
- 82\* Assistant at surgery service provided by a MD when there is no qualified resident available
- \* These payment modifiers are not limited to the first position. (If there is another pricing modifier submitted that is required to be in the first modifier field, these modifiers should be in the second, third or fourth modifier position.)
- \*\* If multiple pricing or payment modifiers are submitted, the KD modifier **should** be placed in the first modifier position field.