



## Modifiers Not Reimbursable to Healthcare Professionals Reimbursement Policy

Policy # RP-031

<b>Policy Title</b>	Modifiers Not Reimbursable to Healthcare Professionals Reimbursement Policy
<b>Policy Department</b>	Payment Strategy & Optimization
<b>Effective Date</b>	1/1/2022
<b>Revision Date(s)</b>	1/1/2022
<b>Next Review Date</b>	

### **Disclaimer:**

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

### **Description:**

This policy outlines Clover Health's adherence to correct coding for modifiers that are not reimbursable to physicians and other healthcare providers. These guidelines apply to all network and non-network providers for all Clover Medicare Advantage Plans.

### **Policy:**

Clover Health will follow correct coding guidelines when processing professional claims on a CMS-1500 form or its electronic equivalent when reported by physicians or other health care professionals.

Ambulatory Surgery Center (ASC) and Outpatient Modifiers 27,73,74, CP and PO are intended for ASCs and hospital outpatient services billed on a UB04 form only and will be denied if submitted by any other type of provider. Additionally modifier PO does not apply to services provided through a Medicare Advantage plan.

Court Order or Agency Funded Service Modifiers H9, HU, HV, HW, HX, HY, HZ, QJ, and TR are used to bill for services that are court ordered or funded by a government agency. These services are not eligible for reimbursement.



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Government Funded Service Modifiers SE and SL when reported by a physician or other healthcare professional indicates that those services or vaccines are free of charge and provided by state or federal government. No costs are associated with these types of services or vaccines so no reimbursement will be made by Clover Health.

\*Please note, modifier SE is also used for ambulance services. Modifier SE will be considered for reimbursement when billed for ambulance services by an ambulance provider.

### Claim Codes (if applicable)

- Modifier 27
  - Multiple Outpatient Hospital E/M Encounters on the Same Date
- Modifier 73
  - Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia (Hospital OPPS Modifier)
- Modifier 74
  - Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia (Hospital OPPS Modifier)
- Modifier PO
  - Excepted service provided at an off-campus, outpatient, provider-based department of a hospital (Hospital OPPS Modifier)
- Modifier CP –
  - Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (c-APC) procedure, but reported on a different claim
- Modifier H9 –
  - Court ordered
- Modifier HU
  - Funded by child welfare agency
- Modifier HV
  - Funded state addictions agency
- Modifier HW
  - Funded by state mental health agency
- Modifier HX
  - Funded by county/local agency



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	<ul style="list-style-type: none"><li>● Modifier HY<ul style="list-style-type: none"><li>○ Funded by juvenile justice agency</li></ul></li><li>● Modifier HZ<ul style="list-style-type: none"><li>○ Funded by criminal justice agency</li></ul></li><li>● Modifier QJ<ul style="list-style-type: none"><li>○ Services/items provided to a prisoner or patient in state or local custody, however the estate or local government, as applicable, meets the requirements in 42 CFR 411.4(B)</li></ul></li><li>● Modifier SE<ul style="list-style-type: none"><li>○ State and/or federally-funded programs/services</li><li>○ Ambulance transportation from scene of accident or acute event to residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)</li></ul></li><li>● Modifier SL<ul style="list-style-type: none"><li>○ State supplied vaccine</li></ul></li><li>● Modifier TR<ul style="list-style-type: none"><li>○ School-based individualized education program (IEP) services provided outside the public school district responsible for the student.</li></ul></li></ul>
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### References

[Medicare Claims Processing Manual - Chapter 04 - Part B Hospital \(Including Inpatient Hospital Part B and OPPS\): Section 20.6](#)

[Medicare Claims Processing Manual - Chapter 14 – Ambulatory Surgical Centers: Section 40](#)