



Policy Title	Procedure to Modifier Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	4/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:
 Clover Health applies 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:
 Modifiers indicate that a service or procedure performed has been altered by some specific circumstance, but not changed in its definition or code. They are used to add information or change the description of service to improve accuracy or specificity. Modifiers can be alphabetic, numeric or a combination of both, but will always be two digits.

- Definitions:**
- Procedural Modifier - are used to supplement the information or adjust care descriptions to provide extra details concerning a procedure or service provided by a physician. Code modifiers help further describe a procedure code without changing its definition.
 - Informational Modifier - a medical coding modifier not classified as a payment modifier. Another name for informational modifiers is statistical modifiers. These modifiers belong after pricing modifiers on the claim.



Policy:

This policy addresses the appropriate use of modifiers with individual CPT and HCPCS procedure codes. Some modifiers cause automated pricing changes, while others are used for information only. When selecting the appropriate modifier to report on your claim, please ensure that it is valid for the date of service billed.

Informational or statistical modifiers (e.g., any modifier not classified as a payment modifier) should be listed after the payment modifier. If multiple informational/statistical modifiers apply, you may list them in any order (as long as they are listed after payment modifiers). If more than one modifier is needed, list the payment modifiers that affect reimbursement first.

In accordance with correct coding, Clover Health will consider reimbursement for a procedure code/modifier combination only when the modifier has been used appropriately. Note that any procedure code reported with an appropriate modifier may also be subject to other Clover Health reimbursement policies.

Claim Codes (if applicable)	See link below for the modifier list.
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References
Modifier List