

U.S. DEPARTMENT OF LABOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS
2014 FEE SCHEDULE MODIFIER LEVEL TABLES

File: fs14_mod_table.xls

These CPT & HCPCS modifiers are informational only and should be ignored for pricing purposes (292 modifiers)

Modifiers that don't affect pricing

End-Date

23	UNUSUAL ANESTHESIA	
32	COMPLICATED ANESTHESIA	
47	ANESTHESIA BY SURGEON	
90	REFERENCE (OUTSIDE) LAB	
91	REPEAT CLINICAL DIAG LAB TEST	
99	MULTIPLE MODIFIERS	
A1	DRESSING FOR ONE WOUND	
A2	DRESSING FOR TWO WOUNDS	
A3	DRESSING FOR THREE WOUNDS	
A4	DRESSING FOR FOUR WOUNDS	
A5	DRESSING FOR FIVE WOUNDS	
A6	DRESSING FOR SIX WOUNDS	
A7	DRESSING FOR SEVEN WOUNDS	
A8	DRESSING FOR EIGHT WOUNDS	
A9	DRESSING FOR NINE/GTR WND	
AD	SUPV 4+ CONCURR ANESTHES PROCS	
AE	REGISTERED DIETICIAN	
AF	SPECIALTY PHYSICIAN	
AG	PRIMARY PHYSICIAN	
AH	CLINICAL PSYCHOLOGIST	
AI	PRINCIPAL PHYSICIAN OF RECORD	
AK	NON PARTICIPATING PHYSICIAN	
AM	PHYSICIAN, TEAM MEMBER SERVICE	
AP	REFRACTION NOT PART OF EYE EXM	
AQ	MD SVC IN UNLISTED HPSA	
AR	PHYSICIAN SCARCITY AREA	
AT	ACUTE TREATMENT	
AU	URO, OSTOMY OR TRACH ITEM	
AV	ITEM W PROSTHETIC/ORTHOTIC	
AW	ITEM W A SURGICAL DRESSING	
AX	ITM IN CONJ WITH DIALYSIS SVCS	
BA	ITEM ORDERD WITH PEN SERVICES	
BL	SPEC ACQUISITION BLOOD PRODS	
BO	NUTRITION ORAL ADMIN NO TUBE	
BP	MEM INF PURCH/RENT OPT - BUY	
BR	MEM INF PURCH/RENT OPT - RENT	
BU	MEM INF PURCH/RENT OPT-NO RESP	
CA	PAY IP WHEN OP EXPIRES PREADMT	
CB	SVC RDF DOC SEPARATELY BILLBLE	
CC	CODING CHANGE FROM ORIG CLAIM	
CD	AMCC TEST FOR ESRD/MCP/MD	
CE	MED NECES AMCC TEST SEP REIMB	
CF	AMCC TST NOT COMPOSITE RATE	
CG	POLICY CRITERIA APPLIED	
CR	CATASTROPHE/DIASTER RELATED	
E1	UPPER LEFT EYELID	
E2	LOWER LEFT EYELID	
E3	UPPER RIGHT EYELID	
E4	LOWER RIGHT EYELID	
EA	ESA TRT ANMIA D/T ANTI CA CHEM	
EB	ESA TRT ANMIA D/T ANTI CA RADI	
EC	ESA TRT ANMIA NT D/T RT/ CHEMO	
ED	HEMATOCRIT LVL EXCEEDED 39%	
EE	HEMATOCRIT LVL NOT EXCEED 39%	
EJ	SUBSEQUENT CLAIM	
EM	EMERGENCY RESERVE SUPPLY	
EP	SERVICE AS PART OF EPSDT	
ET	EMERGENCY TREATMENT	
EY	NO LIC HCPROV ORD FOR SVC/ITM	
F1	LEFT HAND SECOND DIGIT	
F2	LEFT HAND THIRD DIGIT	
F3	LEFT HAND FOURTH DIGIT	
F4	LEFT HAND FIFTH DIGIT	
F5	RIGHT HAND THUMB	
F6	RIGHT HAND SECOND DIGIT	
F7	RIGHT HAND THIRD DIGIT	
F8	RIGHT HAND FOURTH DIGIT	
F9	RIGHT HAND FIFTH DIGIT	
FA	LEFT HAND THUMB	
FB	ITEM PROVIDED W/O COST 2 PROV	12/31/2013
FC	PART CRDT RECD ON REPLCD DEVCE	12/31/2013

FP	MCAID FAMILY PLANNING SVC
G1	MOST RECENT URR RDNG LT 60
G2	MOST RECENT URR RDNG 60 - 64
G3	MOST RECENT URR RDNG 65 - 69
G4	MOST RECENT URR RDNG 70 - 74
G5	MOST RECENT URR RDNG 75 - OVR
G6	ESRD LT 6 SESSIONS IN A MONTH
G7	PREGNANCY CERT LIFE THREATNING
G8	MAC CMLPX CMLPCATED SURG PROC
G9	ANSTH PATIENT HIST SVR CARDIO
GA	WAIVER OF LIABILITY ON FILE
GB	CLAIM RESUBMITTED
GC	SVC BY RESIDENT AND TEACH PHYS
GD	UNIT OF SERVICE > MUE VALUE
GE	SVC BY RESIDENT NO TEACH PHYS
GF	NON-PHY SERVICES IN CA HOSPITL
GG	PMT SCRNG DIAGOSIS MAMMOGRAM
GH	DX SCRNG MAMMOGRAM SAME DAY
GJ	OPT OUT PHYS OR EMERGENCY SVC
GK	SVC ORDERED BY PHYSICIAN
GL	MEDICAL UPGRADE NOT NEEDED
GM	MULTI-PATIENT AMBULANCE TRIP
GN	SVC BY SPEECH PATH CARE PLAN
GO	SVC BY OT OR OP WITH CARE PLAN
GP	SVC BY PT OR OUTPATIENT PT
GQ	VIA SYNCH TELECOMM SYSTEM
GR	SERVICE BY VA RESIDENT
GS	EPO/DARBEPOIETIN REDUCED 25%
GT	VIA AUDIO AND VIDEO TELECOMM
GV	ATTNDNG PHYS NOT PD BY HOSPICE
GW	SVC NOT RELATED TO HOSPICE
GY	SVC EXCLUDED OR NO MED BENEFIT
GZ	DENY AS NOT REAS AND NECESSARY
H9	COURT ORDERED
HB	ADULT PROGRAM NON GERIATRIC
HC	ADULT PROGRAM GERIATRIC
HD	PREGNANT/PARENTING PROGRAM
HE	MENTAL HEALTH PROGRAM
HF	SUBSTANCE ABUSE PROGRAM
HG	OPIOID ADDICTION TX PROGRAM
HH	INTEGRATED MENTAL/SUBSTANCE AB
HI	M HLTH/M RETRDTN/DEV DIS PRO
HJ	EMPLOYEE ASSISTANCE PROGRAM
HK	SPECIAL MENTAL HEALTH NONRISK
HL	INTERN
HM	LESS THAN BACHELOR DEGREE LVL
HN	BACHELORS DEGREE LEVEL
HO	MASTERS DEGREE LEVEL
HP	DOCTORAL LEVEL
HQ	GROUP SETTING
HR	FAMILY/COUPLE W CLIENT PRSNT
HS	FAMILY/COUPLE WITHOUT CLIENT
HT	MULTI-DISCIPLINARY TEAM
HV	FUNDED STATE ADDICTIONS AGENCY
HW	FUNDED BY STATE MENTAL HEA AGC
HX	FUNDED BY COUNTY/LOCAL AGENCY
HZ	FUNDED BY CRIMINAL JUST AGENCY
J1	CAP NO-PAY FOR PRESCRIPT NU
J2	CAP RESTOCK OF EMERG DRUGS
J3	CAP DRUG UNAVAIL THRU CAP
J4	DMEPOS ITEM SUBJ TO DMEPOS BID
JA	ADMINISTERED INTRAVENOUSLY
JB	ADMINISTERED SUBCUTANEOUSLY
JC	SKIN SUBSTITUTE USED AS GRAFT
JD	AMBUL ORIGIN:DIAL/DIAG
JW	DRUG AMT DISCARD/NOT GIVEN PAT
K0	LWR EXTREM PROSTHESIS - LVL 0
K1	LWR EXTREM PROSTHESIS - LVL 1
K2	LWR EXTREM PROSTHESIS - LVL 2
K3	LWR EXTREM PROSTHESIS - LVL 3
K4	LWR EXTREM PROSTHESIS - LVL 4
KA	DD ON ACCSSRY FOR WHEELCHAIR
KB	BENEF REQ UPGRD/MORE 4 MODIFIE
KC	REPL SPECIAL PWR WC INTERFACE
KD	DRUG/BIOLOGICAL DME INFUSED
KE	DMEPOS COMP BID PGM ROUND 1
KF	FDA CLASS III DEVICE
KG	DMEPOS ITEM SUBJ TO CAP 1
KH	DME INT CLAIM PURCH OR 1MO RNT

KI	DME 2ND OR 3RD MONTH RENTAL
KJ	DME PEN PUMP OR RENT MON 4-15
KK	DMEPOS COMP BID PRGM NO 2
KL	DMEPOS MAILORDER CMP BID
KM	REPL FACIAL PROSTH W/MOULAGE
KN	REPL FACIAL PROSTH W/PREV MOLD
KO	SINGLE DRUG UNIT DOSE FORMATN
KP	FIRST DRUG OF MULT DRUG FORM
KQ	2ND/NEXT DRUG - MULT DRUG FORM
KR	RENTAL ITEM, PART MONTH BILL
KS	GLUC MONITOR UNTREATED W/INSUL
KT	BENE LIVES IN COMP BID ARE/TRV
KU	DMEPOS ITEM SUBJ CMP BID PGM3
KV	DMEPOS ITEM SUBJ CMP BID PRGM
KW	DMEPOS ITEM SUBJ TO CAP4
KX	ARE/TRVLSREQ DOCUMENT ON FILE
KZ	NEW COVERAGE NOT IMLEMNT MGCR
LC	LEFT CIRCUMFLEX ARTERY
LD	LEFT ANTERIOR DESC ARTERY
LL	LEASE/RENT APPLY TO DME PURCH
LR	LABORATORY ROUND TRIP
LS	FDA MONIT INTRAOC LENS IMPLANT
M2	MEDICARE SECONDARY PAYER
MS	SIX MONTHS MAINT AND SERV FEE
NR	NEW WHEN RENTED
P1	ANESTHESIA NORMAL PATIENT
P2	ANESTH MILD SYSTEMIC DISEASE
P3	ANESTH SEVERE SYSTEMIC DISEASE
P4	ANESTH THREAT TO LIFE
P5	ANESTH MORIBUND PATIENT
PA	SURG/INVAS PROC WRONG BDY PART
PB	SURG/INVAS PROC WRONG PATIENT
PC	WRONG SURG/INVAS PROC ON PATNT
PI	AMBUL ORIGIN:CLIN/SITE
PL	PROGRESSIVE ADDITION LENSES
PR	AMBUL ORIGIN:CLIN/RESIDENCE
PS	AMBUL ORIGIN:CLIN/ACCD SITE
Q0	INVEST CLINICAL RESEARCH
Q1	ROUTINE CLINICAL RESEARCH
Q2	HCFA/ORD DEMO PROJECT
Q3	LIVE KIDNEY DONOR
Q4	SERVICE FOR ORDER/REFER PHYS
Q5	SUB PHYS UNDER RECIPROCAL BILL
Q6	LOCUM TENENS PHYSICIAN
Q7	ONE CLASS A FINDING
Q8	TWO CLASS B FINDINGS
Q9	ONE CLS B AND 2 CLS C FINDINGS
QB	PHYSCN PROVIDE SRVC RURAL HPSA
QC	SINGLE CHANNEL MONITORING
QD	DIGITAL RECORDING AND STORAGE
QE	PRESCB AMT OXYG LESS THAN 1LPM
QF	OXYG 4+ LPM - PORTABLE O2 JUST
QG	PRESCRIBED O2 IS 4+ LPM
QH	O2 CONSERVING DEVICE USED
QJ	SVC/ITM TO PAT IN STATE CUSTOD
QL	PATIENT DEAD AFTER AMBL CALLED
QM	PROVIDER ARRANGED FOR AMBL SVC
QN	PROVIDER PROVIDED ABULANCE SVC
QP	INDIVIDUALLY ORDERED LAB TST
QR	ITEM/SERV IN MEDICARE STUDY
QS	ANESTH MONITORED CARE
QT	ANALOG RECORDING AND STORAGE
QW	CLIA WAIVED TEST
RA	REPLACEMENT OF DME
RB	REPLACEMENT OF DME REPAIR
RC	RIGHT CORONARY ARTERY
RD	DRUG ADMIN NOT INCIDENT-TO
RE	AMBUL ORIGIN:RESID/CUSTORESID
SB	NURSE MIDWIFE
SC	MED NECESSARY SVC OR SUPPLY
SD	RN HGHLY TRAINED HOME INFUSION
SE	STATE/FEDERAL FUNDED PROG/SVC
SF	SECOND OPINION BY PRO
SH	2ND INFUSION THERAPY
SJ	THIRD OR NEXT INFUSION THERAPY
SK	MEMBER HIGH RISK POPULATION
SL	STATE SUPPLIED VACCINE
SM	SECOND SURGICAL OPINION
SN	THIRD OPINION

SQ	ITEM ORDERED BY HOME HEALTH
SS	HIT IN INFUSION SUITE
ST	RELATED TO TRAUMA OR INJURY
SU	PROCEDURE PERFORMED IN DOC OFF
SV	DRUGS DELIVRED PAT HOME NOTUSE
SW	SRVCS BY CERT DIABETIC EDUCATR
SY	CONTACT W/HIGH-RISK POP
T1	LEFT FOOT, SECOND DIGIT
T2	LEFT FOOT, THIRD DIGIT
T3	LEFT FOOT, FOURTH DIGIT
T4	LEFT FOOT, FIFTH DIGIT
T5	RIGHT FOOT, GREAT TOE
T6	RIGHT FOOT, SECOND DIGIT
T7	RIGHT FOOT, THIRD DIGIT
T8	RIGHT FOOT, FOURTH DIGIT
T9	RIGHT FOOT, FIFTH DIGIT
TA	LEFT FOOT, GREAT TOE
TD	REGISTERED NURSE
TE	LPN LVN
TF	INTERMEDIATE LEVEL OF CARE
TG	COMPLEX/HIGH LEVEL OF CARE
TH	PRENATAL/POSTPARTUM OBST SVCS
TJ	PROGRAM GROUP, CHILD OR ADOLES
TK	XTRA PATIENT/PASS NON-AMBUANCE
TL	EARLY INTERVENTION/IFSP
TM	INDIVIDUALIZED EDU PLAN (IEP)
TN	OUTSIDE PROVIDERS CUSTMRY AREA
TP	MEDIAL TRANSPORT UNLOADED VEHI
TQ	BASIC LIFE SPT TRANS VOL AMBUL
TR	SCHOOL-BASED IEP OUT OF DIST
TS	FOLLOW-UP SERVICE
TT	INDIV SVCS TO MORE 1 PAT SAME
TU	SPECIAL PAYMENT RATE, OVERTIME
TV	SPICIAL PMT RATE HOLIDAY WKEND
TW	BACK UP EQUIPMENT
U1	MEDICAID LVL OF CARE 1,AS STAT
U2	MEDICAID LVL OF CARE 2,AS STAT
U3	MEDICAID LVL OF CARE 3,AS STAT
U4	MEDICAID LVL OF CARE 4,AS STAT
U5	MEDICAID LVL OF CARE 5,AS STAT
U6	MEDICAID LVL OF CARE 6,AS STAT
U7	MEDICAID LVL OF CARE 7,AS STAT
U8	MEDICAID LVL OF CARE 8,AS STAT
U9	MEDICAID LVL OF CARE 9,AS STAT
UA	MEDICAID LVL OF CARE10,AS STAT
UB	MEDICAID LVL OF CARE11,AS STAT
UC	MEDICAID LVL OF CARE12,AS STAT
UD	MEDICAID LVL OF CARE13,AS STAT
UF	SERVICES PROVIDED IN MORNING
UG	SERVICES PROVIDED IN AFTERNOON
UH	SERVICES PROVIDED IN EVENING
UJ	SERVICES PROVIDED AT NIGHT
UK	SERVICES PROVIDED NOT CLIENT
UN	SERVICES TO TWO PATIENTS
UP	SERVICES TO THREE PATIENTS
UQ	SERVICES TO FOUR PATIENTS
UR	SERVICES TO FIVE PATIENTS
US	SERVICES TO SIX PATIENTS
V5	VASCULAR CATHETER
V6	ATERIOVENOUS GRAFT
V7	ATERIOVENOUS FISTULA
V8	INFECTION PRESENT
V9	NO INFECTION PRESENT
VP	APHAKIC PATIENT