

U.S. DEPARTMENT OF LABOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS  
 FEE SCHEDULE MODIFIER LEVEL TABLES - Effective: September 30, 2017  
 Last Update: October 9, 2018

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

MODIFIER NUMBER	DESCRIPTION
23	UNUSUAL ANESTHESIA
32	COMPLICATED ANESTHESIA
33	PREVENTIVE SERVICES
47	ANESTHESIA BY SURGEON
90	REFERENCE (OUTSIDE) LAB
91	REPEAT CLINICAL DIAG LAB TEST
96	HABILITATIVE SERVICES
97	REHABILITATIVE SERVICES
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 WOUNDS
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
CH	0 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CI	AT LEAST 10 PERCENT BUT LESS THAN 20 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CJ	AT LEAST 20 PERCENT BUT LESS THAN 40 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CK	AT LEAST 40 PERCENT BUT LESS THAN 60 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CL	AT LEAST 60 PERCENT BUT LESS THAN 80 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CM	AT LEAST 80 PERCENT BUT LESS THAN 100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
CN	100 PERCENT IMPAIRED, LIMITED OR RESTRICTED
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
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 IMPLMNT 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  
QA AVG STA DAY/NIGHT 02 < 1PM  
QB AVG DAY/NITE 02 > 4 LPM/PORT  
QC SINGLE CHANNEL MONITORING  
QD DIGITAL RECORDING AND STORAGE  
QE STATIONARY 02 @ REST < 1 LPM  
QF STATION 02 @ REST > 4 LPM/PORT  
QG STATION 02 @ REST > 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 AVG STA DAY/NIGHT 02 > 4 LPM  
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
ZA	NOVARTIS/SANDOZ
ZB	PFIZER/HOSPIRA
ZC	MERCK/SAMSUNG BIOEPIS