



## AHCCCS Modifiers List

**Modifiers must be supported in the medical documentation. Modifiers may also be policy specific. Some modifiers listed are dual use, you will identify those by the / symbol. Meaning the description before / to mean one thing and the description after / is another meaning. Each modifier descriptions have specific codes they are linked to in our system.**

Modifier	Long Description
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 or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	examination
AQ	Physician providing a service in an unlisted health professional shortage area (hpsa)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an esrd patient that is not for the treatment of esrd
AZ	electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (pen) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube

AHCCCS MODIFIER LIST AND DESCRIPTIONS

BP	item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	informed the supplier of his/her decision
CA	expires prior to admission
CC	administrative reasons or because an incorrect code was filed)
CD	not separately billable
CE	beyond the normal frequency covered under the rate and is separately reimbursable based on medical
CF	is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 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
CO	assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	administration of a covid-19 test and/or used for cost-sharing waived preventive services furnished via
CT	the national electrical manufacturers association (nema) xr-29-2013 standard
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoetic stimulating agent (esa) administered to treat anemia due to anti-cancer chemotherapy
EB	Erythropoetic stimulating agent (esa) administered to treat anemia due to anti-cancer radiotherapy
EC	or anti-cancer chemotherapy
ED	consecutive billing cycles immediately prior to and including the current cycle
EE	consecutive billing cycles immediately prior to and including the current cycle
EJ	Subsequent claims for a defined course of therapy, e.g., epo, sodium hyaluronate, infliximab
EM	Emergency reserve supply (for esrd benefit only)
EP	Service provided as part of medicaid early periodic screening diagnosis and treatment (epsdt) program
ER	Items and services furnished by a provider-based, off-campus emergency department
ET	Emergency services
EX	Expatriate beneficiary
EY	No physician or other licensed health care provider order for this item or service
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

AHCCCS MODIFIER LIST AND DESCRIPTIONS

FA	Left hand, thumb
FB	(examples, but not limited to, covered under warranty, replaced due to defect, free samples)
FC	Partial credit received for replaced device
FP	Service provided as part of family planning program
FQ	The service was furnished using audio-only communication technology
FR	The supervising practitioner was present through two-way, audio/video communication technology
FS	Split (or shared) evaluation and management visit
FT	global procedure (preoperative, postoperative period, or on the same day as the procedure, as
FX	X-ray taken using film
FY	X-ray taken using computed radiography technology/cassette-based imaging
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
G1	Most recent urr reading of less than 60
G2	Most recent urr reading of 60 to 64.9
G3	Most recent urr reading of 65 to 69.9
G4	Most recent urr reading of 70 to 74.9
G5	Most recent urr reading of 75 or greater
G6	Esrd patient for whom less than six dialysis sessions have been provided in a month
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening
G8	Monitored anesthesia care (mac) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
GA	Waiver of liability statement issued as required by payer policy, individual case
GB	demonstration
GC	This service has been performed in part by a resident under the direction of a teaching physician
GE	primary care exception
GF	registered nurse (crn), clinical nurse specialist (cns), physician assistant (pa)) services in a critical access
GG	patient, same day
GH	Diagnostic mammogram converted from screening mammogram on same day
GJ	"opt out" physician or practitioner emergency or urgent service
GK	Reasonable and necessary item/service associated with a ga or gz modifier
GL	beneficiary notice (abn)
GM	Multiple patients on one ambulance trip
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GQ	Via asynchronous telecommunications system
GR	center or clinic, supervised in accordance with va policy
GS	or hemoglobin level
GT	Via interactive audio and video telecommunication systems
GU	Waiver of liability statement issued as required by payer policy, routine notice
GV	Attending physician not employed or paid under arrangement by the patient's hospice provider
GW	Service not related to the hospice patient's terminal condition
GX	Notice of liability issued, voluntary under payer policy
GY	medicare insurers, is not a contract benefit
GZ	Item or service expected to be denied as not reasonable and necessary
H9	Court-ordered
HA	Child/adolescent program
HB	Adult program, non geriatric

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HC	Adult program, geriatric
HD	Pregnant/parenting women's program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction treatment program
HH	Integrated mental health/substance abuse program
HI	Integrated mental health and intellectual disability/developmental disabilities program
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HL	Intern
HM	Less than bachelor degree level
HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral level
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
J1	Competitive acquisition program no-pay submission for a prescription number
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration
J3	average sales price methodology
J4	discharge
J5	physical therapist or occupational therapist professional service
JA	Administered intravenously
JB	Administered subcutaneously
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JE	Administered via dialysate
JF	Compounded drug
JG	purposes
JK	One month supply or less of drug or biological
JL	Three month supply of drug or biological
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
K0	transfer safely with or without assistance and a prosthesis does not enhance their quality of life or
K1	or ambulation on level surfaces at fixed cadence. typical of the limited and unlimited household
K2	to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. typical of the
K3	cadence. typical of the community ambulator who has the ability to transverse most environmental
K4	exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the
KA	Add on option/accessory for wheelchair
KB	Beneficiary requested upgrade for abn, more than 4 modifiers identified on claim

AHCCCS MODIFIER LIST AND DESCRIPTIONS

KC	Replacement of special power wheelchair interface
KD	Drug or biological infused through dme
KE	equipment
KF	Item designated by fda as class iii device
KG	Dmepos item subject to dmepos competitive bidding program number 1
KH	Dmepos item, initial claim, purchase or first month rental
KI	Dmepos item, second or third month rental
KJ	Dmepos item, parenteral enteral nutrition (pen) pump or capped rental, months four to fifteen
KK	Dmepos item subject to dmepos competitive bidding program number 2
KL	Dmepos item delivered via mail
KM	Replacement of facial prosthesis including new impression/moulage
KN	Replacement of facial prosthesis using previous master model
KO	Single drug unit dose formulation
KP	First drug of a multiple drug unit dose formulation
KQ	Second or subsequent drug of a multiple drug unit dose formulation
KR	Rental item, billing for partial month
KS	Glucose monitor supply for diabetic beneficiary not treated with insulin
KT	receives a competitive bid item
KU	Dmepos item subject to dmepos competitive bidding program number 3
KV	service
KW	Dmepos item subject to dmepos competitive bidding program number 4
KX	Requirements specified in the medical policy have been met
KY	Dmepos item subject to dmepos competitive bidding program number 5
KZ	New coverage not implemented by managed care
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LL	price)
LM	Left main coronary artery
LR	Laboratory round trip
LS	Fda-monitored intraocular lens implant
LT	Left side (used to identify procedures performed on the left side of the body)
LU	Fractionated payment
M2	Medicare secondary payer (msp)
MA	being rendered to a patient with a suspected or confirmed emergency medical condition
MB	significant hardship exception of insufficient internet access
MC	significant hardship exception of electronic health record or clinical decision support mechanism vendor
MD	significant hardship exception of extreme and uncontrollable circumstances
ME	consulted by the ordering professional
MF	mechanism consulted by the ordering professional
MG	decision support mechanism consulted by the ordering professional
MH	related information was not provided to the furnishing professional or provider
MS	covered under any manufacturer or supplier warranty
N1	Group 1 oxygen coverage criteria met
N2	Group 2 oxygen coverage criteria met
N3	Group 3 oxygen coverage criteria met
NB	Nebulizer system, any type, fda-cleared for use with specific drug
NR	purchased)

AHCCCS MODIFIER LIST AND DESCRIPTIONS

NU	New equipment
P1	A normal healthy patient
P2	A patient with mild systemic disease
P3	A patient with severe systemic disease
P4	A patient with severe systemic disease that is a constant threat to life
P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient
PD	patient who is admitted as an inpatient within 3 days
PI	strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other
PL	Progressive addition lenses
PM	Post mortem
PN	Non-expected service provided at an off-campus, outpatient, provider-based department of a hospital
PO	Expected service provided at an off-campus, outpatient, provider-based department of a hospital
PS	treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure
Q0	study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study
Q2	Demonstration procedure/service
Q3	Live kidney donor surgery and related services
Q4	Service for ordering/referring physician qualifies as a service exemption
Q5	physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a
Q6	substitute physical therapist furnishing outpatient physical therapy services in a health professional
Q7	One class a finding
Q8	Two class b findings
Q9	One class b and two class c findings
QA	average of the two amounts is less than 1 liter per minute (lpm)
QB	average of the two amounts exceeds 4 liters per minute (lpm) and portable oxygen is prescribed
QC	Single channel monitoring
QD	Recording and storage in solid state memory by a digital recorder
QE	Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (lpm)
QF	oxygen is prescribed
QG	Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (lpm)
QH	Oxygen conserving device is being used with an oxygen delivery system
QJ	government, as applicable, meets the requirements in 42 cfr 411.4 (b)
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
QP	recognized panel other than automated profile codes 80002-80019, g0058, g0059, and g0060.
QQ	related data was provided to the furnishing professional
QR	average of the two amounts is greater than 4 liters per minute (lpm)
QS	Monitored anesthesia care service
QT	Recording and storage on tape by an analog tape recorder
QW	Clia waived test

AHCCCS MODIFIER LIST AND DESCRIPTIONS

QX	Crna service: with medical direction by a physician
QY	Medical direction of one certified registered nurse anesthetist (crna) by an anesthesiologist
QZ	Crna service: without medical direction by a physician
RA	Replacement of a dme, orthotic or prosthetic item
RB	Replacement of a part of a dme, orthotic or prosthetic item furnished as part of a repair
RC	Right coronary artery
RD	Drug provided to beneficiary, but not administered "incident-to"
RE	Furnished in full compliance with fda-mandated risk evaluation and mitigation strategy (rems)
RI	Ramus intermedius coronary artery
RR	Rental (use the 'rr' modifier when dme is to be rented)
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician
SB	Nurse midwife
SC	Medically necessary service or supply
SD	Services provided by registered nurse with specialized, highly technical home infusion training
SE	State and/or federally-funded programs/services
SF	reimbursement - no medicare deductible or coinsurance)
SG	Ambulatory surgical center (asc) facility service
SH	Second concurrently administered infusion therapy
SJ	Third or more concurrently administered infusion therapy
SK	Member of high risk population (use only with codes for immunization)
SL	State supplied vaccine
SM	Second surgical opinion
SN	Third surgical opinion
SQ	Item ordered by home health
SS	Home infusion services provided in the infusion suite of the iv therapy provider
ST	Related to trauma or injury
SU	Procedure performed in physician's office (to denote use of facility and equipment)
SV	Pharmaceuticals delivered to patient's home but not utilized
SW	Services provided by a certified diabetic educator
SY	immunization)
SZ	Habilitative services
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
TB	purposes for select entities
TC	alone; under those circumstances the technical component charge is identified by adding modifier 'tc' to
TD	Rn
TE	Lpn/lvn
TF	Intermediate level of care

AHCCCS MODIFIER LIST AND DESCRIPTIONS

TG	Complex/high tech level of care
TH	Obstetrical treatment/services, prenatal or postpartum
TJ	Program group, child and/or adolescent
TK	Extra patient or passenger, non-ambulance
TL	Early intervention/individualized family service plan (ifsp)
TM	Individualized education program (iep)
TN	Rural/outside providers' customary service area
TP	Medical transport, unloaded vehicle
TQ	Basic life support transport by a volunteer ambulance provider
TR	responsible for the student
TS	Follow-up service
TT	Individualized service provided to more than one patient in same setting
TU	Special payment rate, overtime
TV	Special payment rates, holidays/weekends
TW	Back-up equipment
U1	U1 MEDIC LVL 1 CARE/CFT FACILITATION (Dual Use Modifier)
U2	SELF DIRECTED CARE/UNSKILLED (Dual Use Modifier)
U3	SPOUSE - LIMIT TO 160 UNITS PER WEEK
U4	FAM MEMBER NON-SPOUSE NOT RESIDING HOME
U5	FAM MEM/NON-SPOUSE RESIDING IN MEMB. HM
U6	SELF-DIRECTED CARE/SKILLED (Dual Use Modifier)
U7	AGENCY WITH CHOICE/(BH) SABG FUNDED (Dual Use Modifier)
U8	GOVERNORS OFFICE SUBST USE DISORDER FUND
U9	ASAM CONTINUUM
UA	ONE TIME FEE/INITIATE CASE,REG OF TIME (Dual Use Modifier)
UB	MONTHLY SERV PER MEMBR/ (BH) MHBG FUNDED (Dual Use Modifier)
UC	ONE TIME FEE.INITIATE CG EMP RECORDS CK
UD	MCD LVL CARE 13
UE	USED DURABLE MEDICAL EQUIPMENT
UF	CO-OCCURRING BH-PH COND/SVCS MORNING (Dual Use Modifier)
UG	CO-OCCURRING BH COGNITIVE/SVCS AFTERNOON (Dual Use Modifier)
UH	PRIMARYPSYCHOTICCOND/SVC EVENING (Dual Use Modifier)
UJ	SERVICES PROVIDED, NIGHT
UK	SRVS PROVIDED ON BEHALF OF THE CLIENT TO
UN	TWO PATIENTS SERVED
UP	THREE PATIENTS SERVED
UQ	FOUR PATIENTS SERVED
UR	FIVE PATIENTS SERVED
US	SIX PATIENTS OR MORE SERVED
V1	Demonstration modifier 1
V2	Demonstration modifier 2
V3	Demonstration modifier 3
V4	Demonstration modifier 4
V5	Vascular catheter (alone or with any other vascular access)
V6	Arteriovenous graft (or other vascular access not including a vascular catheter)
V7	Arteriovenous fistula only (in use with two needles)
V8	Infection present



AHCCCS MODIFIER LIST AND DESCRIPTIONS

V9	No infection present
VM	Medicare diabetes prevention program (mdpp) virtual make-up session
VP	Aphakic patient
X1	patient, with no planned endpoint of the relationship; services in this category represent comprehensive
X2	ongoing management of a chronic disease or a condition that needs to be managed and followed with no
X3	comprehensive needs of the patient that is limited to a defined period and circumstance such as a
X4	types of treatment limited to a defined period and circumstance; the patient has a problem, acute or
X5	to the patient only as requested by another clinician or subsequent and related services requested by
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	components of the main service