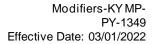


- A. Subject..... B. Background

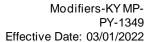
 - C. Definitions......
 - D. Policy.....
 - E. Conditions of C





A. Subject Modifiers









The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



Modifiers-KY MP-PY-1349 Effective Date: 03/01/2022

H. References

- 1. Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System (OPPS). (2018, April 2). Retrieved November 17, 2021 from www.cms.gov.
- 2. CPT® overview and code approval. (2019, March 22). Retrieved November 17, 2021 from www.ama-assn.org.
- 3. Medicare Claims Processing Manual Chapter 12 Physicians/Nonphysician Practitioners. (2018, November 30). Retrieved November 17, 2021 from www.cms.gov.
- 4. Medicare Claims ProPoecoccientre33P104140(10TijeEdNTC 20004734jT0v04251T85570t2.22(20m3d15dolept))650cTath)T5(ce)converv23339.11n(csj)T1.5-(b)2122.86(579-2123144026T5d1(e)n2)2T3d(55er)62.3830))-9.7 (.)7.3 (R)22.7 (et)7.3 (r)-9.2 (i)22.7 (e)71 (v)1[(ced)71 (N)22.

