

REIMBURSEMENT POLICY STATEMENT
Michigan Medicaid

Policy Name & Number



A. Subject
Modifiers

B. Background

Reimbursement policies are designed to assist providers when submitting claims to CareSource and are routinely updated to promote accurate coding and provide policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-

Reimbursement modifiers are two-digit codes that provide a way for physicians and other qualified health care professionals to indicate that a service or procedure has been altered by some specific circumstance. Modifiers can be found in the appendices of both CPT and HCPCS manuals. Use of a modifier does not change the code or the definition. Examples of modifiers use include:

- To differentiate between the surgeon, assistant surgeon, and facility fee claims for the same procedure.
- To indicate that a procedure was performed on the left side, right side, or bilaterally.
- To report multiple procedures performed during the same session by the same health care provider.
- To indicate multiple health care professionals participated in the procedure.
- To indicate a subsequent procedure is due to a complication of the initial procedure.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as



H. References

1.

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