

Effective January 1, 2010, HealthLink will implement several modifications to the modifier allowances that affect reimbursement. These modifications will bring HealthLink's reimbursement methodology into greater consistency with the industry. A list of the modifiers, the code number, description and January 1, 2010 reimbursement methodology is located on page 2 of this document.

## PROVIDER SERVICE INFORMATION QUESTIONS AND ANSWERS

### **Q. Will changes in modifier reimbursement methodology reduce my reimbursement?**

A. The result of these changes will depend upon how and with what frequency (if at all) your practice uses the affected modifiers. HealthLink currently utilizes 28 modifiers in pricing participating physicians' and health care professionals' claims. Of the 28 modifiers, the 2010 methodology does not change for 15 modifiers; the 2010 methodology increases the percentage of allowance for one modifier; and reduces the allowance for 12 modifiers.

### **Q. Why is HealthLink changing its methodology for these modifiers?**

These modifications will help improve efficiency of administration for HealthLink and HealthLink contracted providers. Specifically, HealthLink intends to reduce the incidence of contracted payors applying a different practice that might result in confusion to you and your patients regarding reimbursement for certain professional services. This will better satisfy the expectations of health care providers and payors regarding reimbursement for covered services, when such services are described by the use of modifiers to show either reduced or extended services.

### **Q. Where will I find the list of modifiers and changes?**

A. Please refer to the HealthLink web site at [www.healthlink.com](http://www.healthlink.com). Click on the *Provider* tab, then *Policies and Procedures* and *Claim Processing Guidelines*. This information is also available on HealthLink's secured website for participating physicians and health care professionals, *ProviderInfoSource*. As always, feel free to contact your Network Consultant for additional information.

# Modifiers including code number, description and January 1, 2010 reimbursement methodology



Modifier	Description	Future Processing (Effective 1/1/2010)
*22	Increased Procedural Services	120% of allowance
*26	Professional Component	Professional fee allowance
*50	Bilateral Procedure	150% of allowance
*51	Multiple Procedures	100%/50% of allowance
52	Reduced Services	50% of allowance
53	Discontinued Procedure	50% of allowance
54	Surgical Care Only	70% of allowance
55	Postoperative Management Only	20% of allowance
56	Preoperative Management Only	10% of allowance
62	Two Surgeons	63% of allowance
63	Procedures Performed on Infants less than 4 kg	120% of allowance
78	Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period	70% of allowance
80	Assistant Surgeon	16% of allowance
81	Minimum Assistant Surgeon	16% of allowance
82	Assistant Surgeon (when qualified resident surgeon not available)	16% of allowance
*AD	Physician supervising CRNA (s)	50% of allowance
AS	Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery	14% of allowance
*P3	A patient with severe systemic disease	1 additional unit
*P4	A patient with severe systemic disease that is a constant threat to life	2 additional units
*P5	A moribund patient who is not expected to survive without the operation	3 additional units
P6	Brain dead patient for organ donation	No additional units
*QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals	50% of allowance
*QX	CRNA service; service with medical direction by a physician	50% of allowance
*QY	Medical Direction of one certified registered nurse anesthetist by an anesthesiologist	50% of allowance
*NU	Purchased New	Fee Schedule Allowance
*RR	DME Rental	Fee Schedule Allowance
*UE	Purchased Used	Fee Schedule Allowance
*TC	Technical component	Fee Schedule Allowance

\* Modifiers not impacted by Modifier Reimbursement change effective 01/01/2010.