Procedure to Modifier Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

Reimbursement Guidelines

This policy addresses the appropriate use of modifiers with individual CPT and the Healthcare Common Procedure Coding System (HCPCS) procedure codes.

UnitedHealthcare Community Plan sources its procedure code to modifier relationships to methodologies used and recognized by third-party authorities. Those methodologies can be definitive or interpretive. A Definitive Source is one that is based on very specific instructions from the given source. An Interpretive Source is one that is based on an interpretation of instructions from the identified source.

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Modifiers that have no third-party industry standard source, policies, or guidelines to direct development of specific coding relationships or edits, are allowed with all CPT codes and HCPCS codes. Modifiers to which this policy does not apply are found on the "Modifier Bypass" table.

Modifier Bypass List

In accordance with correct coding, UnitedHealthcare Community Plan will consider reimbursement for a procedure code/modifier combination only when the modifier has been used appropriately. Note that any procedure code reported with an appropriate modifier may also be subject to other UnitedHealthcare Community Plan reimbursement policies.

For example, the description for modifier 25 (Significant, Separately Identifiable Evaluation and Management (E/M) Service by the Same Physician on the Same Day of the Procedure or Other Service) specifies that it is to be reported with an E/M service. Therefore, a surgical code, e.g., 62263, appended with modifier 25 will not be reimbursed because according to its description it should only be appended to E/M codes.

Effective with dates of service on or after July 1, 2020, UnitedHealthcare Community Plan aligns with CMS and requires HCPCS modifiers GN, GO or GP to be reported with the codes designated by CMS as always therapy services. These codes are considered always therapy services, regardless of who performs them, and require one of the applicable therapy modifiers (GN, GO, or GP) to indicate that they are furnished under a physical therapy, occupational therapy, or speech-language pathology plan of care.

For a list of codes requiring a modifier, please see the attachment below.

Refer to the UnitedHealthcare Community Plan "Modifier Reference Policy" for a listing of UnitedHealthcare Community Plan reimbursement policies that discuss specific modifiers and their usage within those reimbursement policies.

Definitions	
Definitive Source	Definitive Sources contain the exact codes, modifiers, or very specific instructions from the given source.
Interpretive Source	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

State Exceptions	
Arizona	Arizona has a state specified procedure to modifier list for all product. • AZ requires the EP modifier be billed for children 19 years of age and younger for CPT code: ○ 99381-99385 and 99391-99395 Per Arizona State Regulations, the state is excluded from Always Therapy Required Modifier requirement.
Florida	Per Florida State Regulations, • S9122 is allowed with modifier SK • LTC HCBS is excluded from Always Therapy Required Modifier requirement
Hawaii	Per Hawaii State Regulations, the following codes are exempt from the policy: • E1399 when billed with modifier KL • T1019, T2033 & T2022 with modifier 22 • 97157 when billed with modifier UN, UP, UQ, UR or US • Procedures billed with modifier TB
Idaho	Per Idaho State Regulations: • The Code T1019 cannot be billed with modifier V1.

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	• The code H0038 is required to be billed with modifiers HC, HM, or HF. Modifier HQ can be billed in addition to those. If H0038 is billed with no modifiers or with HQ only, then it should deny.
Indiana	Per Indiana State Regulation modifier HE has replaced modifiers AH, AJ or HF for behavioral health services. Modifiers AH, AJ or HF are not allowed and will deny if billed. Per Indiana State Regulations procedures billed with Modifier TB are exempt from the policy.
Kansas	Kansas has a state specified procedure to modifier list Per Kansas State Regulations, the state is excluded from Always Therapy Required Modifier requirement.
Kentucky	The state of Kentucky does not reimburse modifiers, 66, 22, 63. Kentucky will be excluded from polices that reference modifiers 66, 22, 63. Per state regulations, 90461 billed with SL modifier will not reimburse. Per state regulations procedure codes V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5266 are required with LT and or RT modifier. HCPCS code E1028 is only allowed with RR modifier.
Maryland	Per State Regulations, the delivery of Telehealth/Telemedicine eligible services must be reported with Modifier GT; Modifiers 95 and GQ are not allowed and will deny if billed. CPT 99600 with GT modifier is not payable in POS 4 and 99. Per State Regulations, CPT 99401 requires modifier CR.
Massachusetts	Per State Regulations: T1040 is allowed with GT, GQ and G0 modifiers Per State Regulations: Massachusetts has a list of specific modifiers required for HCPCS codes beginning with E and K
Michigan	Per Michigan State Regulations effective 06/01/2025 the following codes are allowed with the modifiers as below • S5170 and S9977 with modifier V1 in any position Per Michigan State Regulations effective 01/01/2025 the following codes are allowed with modifiers as outlined below • 96041,98016,G0560 with modifier 93 • 96041,97550,97551,G0463,G0506,G0559,G0560 with modifier 95 Per State Regulations effective 10/01/2023 the following codes are allowed with modifiers as outlined below • H0001,H0002 with modifier 93 • 90953,90956,90959,90962,G0175 with modifier 95 • 99499 with modifier 93 or 95 Per State Regulations effective 01/01/2024 the following codes are allowed with modifiers as outlined below • G0136 with modifier 93 or 95 • 98960,98961,98962 with modifier 95 Per State Regulations effective 04/01/2024 the following codes are allowed with modifiers as outlined below • G0396,G0397,G9887 with modifier 93 or 95

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	Per State Regulations effective 10/01/2024 the following codes are allowed with modifiers as outlined below • 99600,H1001,H1004,T2023 with modifier 93 or 95 Per State Regulations effective 04/01/2025 the following codes are allowed with modifiers as outlined below • G0539,G0540 with modifier 95
Minnesota	Per Minnesota State Regulations, modifiers 95 and GQ are not allowed except when billed in a POS 02 and/or POS 10. HCPCS T1013 with the 52 modifier is allowed
Missouri	Per Missouri State Regulations, the following codes are exempt from the policy: • 99429 when billed with a modifier EP or modifier 59 • 96116, 99429 & H0037 when billed with modifier 52 • H2000 & H2001 when billed with modifier 22 • A5200, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, E0776, S9434 and S9435 when billed with a BA modifier • 99381-99397 when billed with modifier AR Missouri is exempt from the Always Therapy Modifier requirement. Modifier QY is not allowed for billing purposes. Modifiers 95, G0, GQ, and GT are not allowed for billing purposes, except in POS 02 (telehealth) and 03 (school). HCPCS code S9445 is allowed with modifier TH or TS MO requires the EP modifier to be billed for children under the age of 21. MO does not reimburse physical, chiropractic, or acupuncture therapy under the chronic pain program. MO utilize codes G9919 and G9920 in combination with HA for ACEs screening for participants under the age of 21.
Mississippi	Per MS state regulation: HCPCS code A4253 is only allowed with SC modifier.
Nebraska	Per Nebraska State Regulations, effective 1/1/2017, the following codes are exempt from the policy: • H0001, H0031, H0040 and H2012 when billed with modifier 52 • E0431 and E0434 when billed with QE modifier • E0443 and E0444 when billed with QE, QF or QG modifier • H0019 is not payable with modifier HF. • S9484 is not payable with modifier 52. • 97151, 97152, 97153, 97154, 97155, 97156 and 97158 are not allowed with modifier HO and HN.
New Jersey	Per New Jersey State Regulations modifier JW is not a covered modifier and will deny when billed. Per New Jersey State Regulations, code E0603 is allowed with modifier SC. Per New Jersey State Regulations, the following codes are exempt from the policy: • Always Therapy codes 96164, 96165, 97129, 97130, 97535, 97150, 97110, 92507, 92508 and 96153 when billed with modifiers 96 and 59 • S8990 when billed with modifiers 96 and HQ • G0515 when billed with modifier 96 • 99203 when billed with modifiers FP and 22

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	• A0425 when billed with modifier UC • A0120 when billed with modifier UC • 97802, 97803 & 97804 when billed with modifier U1 • S9977 when billed with modifier HI and U8 • T5999 when billed with modifier U8 • S5170 when billed with modifier SC or UK • H0006 when billed with modifier HF or HG • 90792 when billed with modifier HF • 99211 – 99215 when billed with modifier HF • 99202 – 99205 when billed with modifier HF
New York	Due to State Regulations: • HCPCS codes G8510 and G8431 are allowed with modifier HD • S5165, T2028 and T2039 when billed with modifiers V1, V2 and V3 • CPT code 99453 and is allowed with HD modifier. • CPT 99445 and 99454 must be billed with HD modifier. • CPT codes 99050 and 99051 are allowed with 95, GT, 93, or FQ. • HCPCS code A9900 requires MS modifier and K0899 requires TW modifier for Plan ID'S NYCDFHP and NYWEL4ME only.
North Carolina	Per North Carolina Regulations: • CPT 96110, 96112, 96113, 96130 and 96131 with GT modifier are not payable in POS 03 • CPT codes 11055, 11056, 11057, 11719, 11720, 11721, and G0127 must be reported with Q7, Q8, or Q9 modifier; if not reported, will deny. • Orthotic and prosthetic HCPCS codes must be reported with RT or LT modifier; if not reported, will deny. Applies only to items that can be used for one side of the body or the other, but not for codes that are bilateral or describe a pair. • North Carolina allows HCPCS code G0330 with modifier SG • North Carolina allows CPT code 99078 with modifier TH • A0998 is only allowed with origin/destination ambulance modifier combination SS (Scene to Scene) or RR (Residence to Residence). • CPT codes 99381-99385 and 99391-99395 must be billed with modifier EP for members 0-20 years of age unless FP modifier is billed on the claim. • CPT codes 96161 and 96127 must be billed with modifier EP for ages 0-20 and without modifier EP for ages 21+. • CPT code 96160 must be billed with modifier EP for ages 11-20 and without modifier EP for ages 21+. Code 96160 is not allowed for members aged 0-10. • Modifier CR should only be appended to procedure codes when services are directly related to a Federal or State-declared emergency or disaster event. The use of this modifier must align with official guidance and direction issued through NC Medicaid communications.
Rhode Island	Per Rhode Island State Regulations, the following codes are exempt from the policy: T1005 when billed with modifier UN or UP
Tennessee	Per Tennessee State Regulations, the following codes are exempt from the policy: • A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210 and A0420, when billed with modifier 76 • T2025 when billed with modifiers US either/or SE • T2019 when billed with modifier US • H0047 when billed with modifier HG
Texas	Per Texas State Regulations, the state is excluded from the Always Therapy Modifier requirement. Per Texas State Regulations, the following codes are exempt from the policy: • 90901, 90911, 92507, 92508, 92521-92524, 92526, 92610, 97001, 97002, 97003, 97004, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032-97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97535, 97537, 97542, 97597, 97598,

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	97750, 97760-97762, 97799, 97802-97804, H0016, H0031, H0047, H0050, H2017, H2035, J1265, S8990, and S9152 when billed with modifier AT • H2015, H2023, H2025, S5125, S5151, T1005, T1019, T2017, and T2021 when billed with modifier US. • 59812, 59820, 59821 and 59830 when billed with modifier G7 • H2023 and H2025 when billed with modifier 99 • H0047 and S4995 when billed with modifier HF • 99211, 99356, T1015, Q3014, G0407, G0425, G0426 when billed with modifier 95 • Per state regulations, CPT 87637, 87426, 87521 must be billed with Modifier QW • Per state regulations, codes billed with GZ modifier will not reimburse • G9012 when billed with modifiers U2, U5, 95, TS, 93 • S9482 when billed with modifier 95 and FQ • 11000, 11042, 11043, 11044, 15002, 15004, 15040, 15050, 15271, 15273, 15275, 15277, 16020, 16025, 16025, 16030, 29445, 29580, and 29581 are reimbursable with modifier U1 in an ambulatory surgical center • 97597, 97598, 97602, 97605, 97606, 97607, 97608 are reimbursable with modifier U1 in an office, home, or facility setting • 97151 when billed with modifier PA & HO • A4211 when billed with modifier U4 • A9279 when billed with modifier U1 • H2011 when billed with modifier HA • 87491, 87563, 87591 require modifier QW • 90834, H0034, H2011, H2014, and H2017 when billed with modifier FQ Per Texas State Regulations, effective 01/01/2024 – procedure code T1015 must include either a U1 or U2 modifier in POS 72 (RHC). • T1015 - One of the following modifiers must be submitted: AH, AJ, AM, SA, TD, TE, U1, U2, or U7 in FQHC Per Texas State Regulations, effective 1/1/2019, modifier U1 is not allowed with HCPC T4528. Per Texas State Regulations, members ages 0-20 years require one for the following modifiers AM, SA, TD, U7 when billed with procedure codes 99381, 99382, 99383, 99384, 99385 99391, 99392, 99393, 99394, and 99395.
Virginia	Per Virginia State Regulations, modifiers HA and HB are not allowed when billed with procedure code H0035 and will deny if billed. Per Virginia State Regulations, codes T1024, T1027, T1026, T1015, G0151, G0152, G0153, G0495 are to be billed with U1 modifier for Reimbursement Category 1 Providers.
Washington	Per Washington State Regulations, the state is excluded from Always Therapy Required Modifier requirement. Per Washington State Regulations, HCPC code T1016 will deny when billed with HW modifier Per Washington State Regulations, the following codes are exempt from the policy: • B4034-B4036, B4081-B4083, B4087, B4088, B4100, B4102-B4104, B4149, B4150, B4152-B4155 and B4157-B4162 when billed with BA modifier • H2041 when billed with a HT modifier • T1015 when billed with 93, 95, or FQ modifiers • G0019, G0023 when billed with a 52 modifier • S9446 when billed with a HQ modifier Per Washington State Regulation, medically necessary development and behavioral health screening are reimbursable with modifiers U1 or U2: • 96127, 96160, 96161

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	Per Washington State Regulation, the delivery of Telehealth/Telemedicine audio only eligible services must be reported with Modifier 93 and/or FQ: • 59400, 59425, 59426, 59510, 925074, 92521, 92522, 92523, 96127, 96156, 96158, 96159, 96160, 96161, 96167, 96168, 96170, 96171, 97375, 97802, 97803, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99354, 99355, 99407, G0108, S9445, S9470, S9482, T1002, T1016, T1017, T1027
Washington DC	Per District Regulations, the delivery of Telehealth/Telemedicine eligible services must be reported with Modifier GT; Modifiers 95 and GQ are not allowed and will deny if billed. Due to District Regulations: • Per District Regulations, 59840, 59841, 59850, 59851,59852, 59866, S0190, S0191. S0199 require G7 modifier • Per District Regulation HCPCS code E2298 is only reimbursable with modifier RR. • Per District Regulation HCPCS code A6250 is allow with modifier 22.
Wisconsin	Per Wisconsin State Regulations, Modifier 50 is not allowed with procedure codes A6504-A6508, A6530-A6538, A6545, A6549, S8420-S8429. Modifiers LT and RT must be billed to identify laterality when these codes are billed. Per Wisconsin State Regulations, Modifier 26 is required for G0399 in POS 05, 07, 11, 19, 22, 49, 50, 71, 72. Per Wisconsin State Regulations, the following codes are exempt from the policy: • 27096 when billed with both a SG modifier and place of service 24 • H0002 when billed with AM modifier • 99001 when billed with HG modifier • 99199 when billed with modifier HN and place of service 4, 12, 13, 14, 33, 34, 55, 56 and 99 Per State Regulations, Wisconsin requires claims for ambulance services to include origin and destinations modifiers, as well as trip modifiers (U1-U6). Per Wisconsin State Regulations Modifier U1 or U3 is required to be billed with T1013 Per Wisconsin State Regulations Modifier KX or KS is required to be billed with A4239, A9276, A9277, A9278, or E2103 Per Wisconsin State Regulations Modifier UB, UC, UD, or EP is required to be billed with T1016 Per Wisconsin State Regulations Modifier LT and/or RT is required to be billed with A6530

Questions and Answers	
1	**Q:** Why aren't all CPT and HCPCS modifiers addressed in this policy? **A:** The intent of the Procedure to Modifier Policy is to validate appropriate modifier usage and is not meant to address all possible modifier situations. Modifiers excluded from this policy may have: a) no third-party industry standard source, policies, or guidelines to direct development of specific coding relationships or edits. b) a more detailed reimbursement methodology than the scope of this policy is intended, e.g., 26, TC, AA, QK; or c) Contractual or benefit coverage implications.

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Attachments	
Modifier Bypass List	A list of modifiers that bypass the Procedure to Modifier Policy. (This list does not apply to the Arizona and Kansas Health Plans)
HCPCS/CPT Required Modifier Table	A list of HCPCS/CPT codes and their required modifiers
Arizona Procedure to Modifier Table-Acute	A list of HCPCS/CPT codes and their allowable modifiers for the state of Arizona Acute only
Arizona Procedure to Modifier Table- LTC	A list of HCPCS/CPT codes and their allowable modifiers for the state of Arizona LTC only
Massachusetts Procedure to Modifier Table	A list of HCPCS codes beginning with E and K and their allowable modifiers for the state of Massachusetts

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

9/6/2026	Policy Version Change State Exceptions: Nebraska and Washington updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 9/6/2024 archived
8/23/2026	Policy Version Change State Exceptions: Nebraska updated History Section: Entries prior to 8/23/2024 archived
8/16/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 8/16/2024 archived
8/9/2026	Policy Version Change State Exceptions: Indiana updated History Section: Entries prior to 8/9/2024 archived
7/26/2026	Policy Version Change State Exceptions: Nebraska updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 7/26/2024 archived
7/19/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 7/19/2024 archived

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7/12/2026	Policy Version Change State Exceptions: New York, Washington & Missouri updated History Section: Entries prior to 7/12/2024 archived
6/28/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 6/28/2024 archived
6/21/2026	Policy Version Change State Exceptions: Arizona and Missouri updated History Section: Entries prior to 6/21/2024 archived
6/14/2026	Policy Version Change State Exceptions: Massachusetts updated Attachment Section Updated: A list of HCPCS codes beginning with E and K and their allowable modifiers for the state of Massachusetts. History Section: Entries prior to 6/14/2024 archived
6/11/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List History Section: Entries prior to 6/11/2024 archived
6/7/2026	Policy Version Change State Exceptions: New York updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List History Section: Entries prior to 6/7/2024 archived
5/24/2026	Policy Version Change State Exceptions: North Carolina updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 5/24/2024 archived
5/17/2026	Policy Version Change State Exceptions: Kentucky updated History Section: Entries prior to 5/17/2024 archived
5/10/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 5/10/2024 archived
4/19/2026	Policy Version Change State Exceptions: Texas updated History Section: Entries prior to 4/19/2024 archived
4/12/2026	Policy Version Change State Exceptions: New York updated History Section: Entries prior to 4/12/2024 archived
3/29/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 3/29/2024 archived
3/22/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 3/22/2024 archived

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3/15/2026	Policy Version Change State Exceptions: New York and Texas updated History Section: Entries prior to 3/15/2024 archived
3/8/2026	Policy Version Change State Exceptions: Massachusetts and North Carolina updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 3/8/2024 archived
2/22/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 2/22/2024 archived
2/8/2026	Policy Version Change State Exceptions: New Jersey updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC History Section: Entries prior to 2/8/2024 archived
1/18/2026	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List, Arizona Procedure to Modifier Table- LTC and Massachusetts Procedure to Modifier Table updated History Section: Entries prior to 1/18/2024 archived
1/1/2026	Policy Version Change State Exceptions: New Jersey Updated History Section: Entries prior to 1/1/2024 archived
12/31/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 12/31/2023 archived
12/7/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 12/7/2023 archived
11/23/2025	Policy Version Change State Exceptions: Arizona Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 11/23/2023 archived
11/9/2025	Policy Version Change State Exceptions: Florida Updated List of Codes Not Allowed with Modifier JW for the state of Florida only removed Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 11/9/2023 archived
10/26/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 10/26/2023 archived
10/19/2025	Policy Version Change State Exceptions: Texas Updated History Section: Entries prior to 10/19/2023 archived

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10/5/2025	Policy Version Change State Exceptions: Wisconsin Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 10/5/2023 archived
9/24/2025	Policy Version Change State Exceptions: Tennessee Updated Attachment Section updated: Tennessee removed History Section: Entries prior to 9/24/2023 archived
9/21/2025	Policy Version Change State Exceptions: Texas Updated Attachment Section updated: Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 9/21/2023 archived
9/7/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 9/7/2023 archived
8/17/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 8/17/2023 archived
8/10/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 8/10/2023 archived
7/27/2025	Policy Version Change State Exceptions: Idaho Updated History Section: Entries prior to 7/27/2023 archived
7/20/2025	Policy Version Change State Exceptions: Wisconsin & Texas Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 7/20/2023 archived
7/13/2025	Policy Version Change State Exceptions: California removed; Texas & Michigan Updated History Section: Entries prior to 7/13/2023 archived
6/29/2025	Policy Version Change State Exceptions: New Jersey, Washington & Wisconsin updated History Section: Entries prior to 6/29/2023 archived
6/22/2025	Policy Version Change State Exceptions: Wisconsin updated History Section: Entries prior to 6/22/2023 archived
6/15/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 6/15/2023 archived
6/8/2025	Policy Version Change State Exceptions: Mississippi & Texas updated

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	Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 6/8/2023 archived
5/25/2025	Policy Version Change State Exceptions: Wisconsin updated History Section: Entries prior to 5/25/2023 archived
5/18/2025	Policy Version Change State Exceptions: Michigan updated History Section: Entries prior to 5/18/2023 archived
5/11/2025	Policy Version Change State Exceptions: Indiana Added & Michigan updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 5/11/2023 archived
4/30/2025	Policy Version Change State Exceptions: Tennessee updated Attachment Section: Added Tennessee wheelchair base codes with modifier MS History Section: Entries prior to 4/30/2023 archived
4/20/2025	Policy Version Change State Exceptions: Michigan updated History Section: Entries prior to 4/20/2023 archived
4/17/2025	Policy Version Change State Exceptions: Tennessee updated History Section: Entries prior to 4/17/2023 archived
4/13/2025	Policy Version Change State Exceptions section: Kentucky and North Carolina Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 4/13/2023 archived
4/4/2025	Policy Version Change State Exceptions section: New Jersey Updated History Section: Entries prior to 4/4/2023 archived
3/23/2025	Policy Version Change State Exceptions section: Florida Updated History Section: Entries prior to 3/23/2023 archived
3/16/2025	Policy Version Change State Exceptions section: Missouri Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 3/16/2023 archived
3/9/2025	Policy Version Change State Exceptions section: Texas Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 3/9/2023 archived
2/16/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 2/16/2023 archived

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2/9/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 2/9/2023 archived
1/19/2025	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 1/19/2023 archived
1/12/2025	Policy Version Change State Exceptions section: Missouri & Washington Updated Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 1/12/2023 archived
12/15/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 12/15/2022 archived
12/8/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 12/8/2022 archived
11/24/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 11/24/2022 archived
11/10/2024	Policy Version Change State Exceptions section: Texas Added History Section: Entries prior to 11/10/2022 archived
11/3/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 11/3/2022 archived
10/20/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 10/20/2022 archived
10/6/2024	Policy Version Change State Exceptions section: Missouri Added Attachment Section updated: Arizona Procedure to Modifier Table-Acute List and Arizona Procedure to Modifier Table- LTC updated History Section: Entries prior to 10/6/2022 archived
9/15/2024	Policy Version Change Attachment Section updated: Arizona Procedure to Modifier List updated History Section: Entries prior to 9/15/2022 archived
9/8/2024	Policy Version Change State Exceptions section: Kentucky Added Attachment Section updated: Arizona Procedure to Modifier List updated History Section: Entries prior to 9/8/2022 archived
6/13/2011	Policy posted by UnitedHealthcare Community & State

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