

List of Commonly Used Modifiers in Medical Billing

Modifiers play a crucial role in medical billing, providing essential details about the specifics of a service.

This quick reference guide organizes commonly used modifiers into categories for ease of use.

Category	Modifier	Description
Telehealth modifiers	GQ	Asynchronous telecommunications system. Used for store-and-forward telecommunication (not real-time). Note that Medicare has largely phased out the GT modifier in favor of GT/95.
	GT / 95	Real-time interaction. Indicates telehealth services via interactive audio and video.
Specialty care modifier	G0	Acute stroke diagnosis/treatment via telehealth.
Evaluation & management (E/M) modifiers	24	Unrelated E/M service during the postoperative period.
	25	Significant, separately identifiable E/M service on the same day as another procedure.
	27	Multiple outpatient E/M encounters on the same day.
Service component modifiers	26	Professional component. Only the interpretation or analysis of results is provided.
	TC	Technical component. Only the equipment or facility aspect of the service is provided.
Procedural modifiers	51	Multiple procedures during a single session.
	52	Reduced services. Service was partially reduced or eliminated.
	53	Discontinued procedure due to unforeseen circumstances.
	55	Postoperative management only.
	56	Preoperative management only.
	59	Distinct procedural service, separate from others in the same session.
	76	Repeat procedure by the same physician on the same or another day.
	79	Unrelated procedure during the postoperative period.
Laboratory modifier	91	Repeat clinical diagnostic lab test for additional results.

Medicare Guide For Modifier For Prosthetics

M Lipman



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