carecentrix

Provider Newsflash
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Informational and Required Modifiers

Purpose of this communication:

- To inform providers of an expanded list of informational modifiers as well as plan required modifiers that should be included on claims.

What do I need to know?

- Please use the following informational modifiers when submitting claims.

Modifier	Brief Description
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
*BO	Orally administered nutrition, not by feeding tube
GX	A voluntary Advance Beneficiary Notice of Non-coverage (ABN) has been issued to the beneficiary upon receipt of their DMEPOS item because the item was statutorily non-covered or does not meet the definition of a Medicare benefit
GY	Item or service statutorily excluded or does not meet the definition of any Medicare benefit
GZ	Item or service expected to be denied as not reasonable or necessary
**JK	One month supply or less of drug or biological
**JL	Three month supply of drug or biological
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug wasted or discarded and not administered to any patient
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental
KJ	DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen
KL	DMEPOS item delivered via mail
N1	Group 1 Oxygen Coverage Criteria Met
N2	Group 2 Oxygen Coverage Criteria Met
N3	Group 3 Oxygen Coverage Criteria Met
RB	Replacement of a part of a DME, Orthotic or Prosthetic item furnished as part of a repair
SS	Home infusion services provided in the infusion suite of the IV therapy provider.

Thank you in advance for your cooperation and continued partnership.

- *For Blue Cross Blue Shield of Michigan Commercial providers, the **BO modifier** can ONLY be used with a **B4161** HCPCS code.
- **For Horizon and Florida Blue Medicare Advantage providers, when submitting a Medicare Part B insulin claim for the following HCPCS codes (**J1811, J1812, J1813, J1814, J1815 or J1817**), **a JK or JL modifier is required.** If one of these modifiers is not included on the claim, the claim could be denied.
- For Claims 2.0 submissions, providers should place modifiers in the last modifier position on a claim. For Claims 1.0 submissions, please refer to the EDI crosswalk for the appropriate HCPCS/Modifier combination.

What do I need to do?

- Provider should review the CareCentrix Billing Crosswalk for a full list of informational modifiers and begin including the above modifiers on the claim when appropriate.

Thank you in advance for your cooperation and continued partnership.