



Provider News

November 5, 2014

Modifier 99 Not Recognized - Effective 1/1/2015

For claims received on, or after, 1/1/15 the Alliance will not recognize the use of modifier 99. The Alliance will accept the submission of multiple modifiers in all four modifier positions following the CPT or HCPCS code billed. Claims submitted with modifier 99 will be denied.

When only one modifier is necessary it must be listed in the first modifier position after the CPT/HCPCS code. When two or more modifiers are necessary to completely delineate a service:

1. Procedure required modifiers must be listed in the first modifier position after the CPT/HCPCS code (i.e. AG, 51, 50, 26, TC, etc.).
2. All other modifiers must be listed in the second, third, or fourth modifier position of the claim (i.e. 22, 52, 53, 54, 59, etc.).
3. Modifiers must be listed consecutively right after the procedure code.

See Alliance Policies 600-1018 and 600-1019 for further details. Questions may be directed to the Alliance Claims Customer Service Department at (831) 430-5503.

Questions?

Contact your Provider Services Representative or call Provider Services at
(800) 700-3874 ext. 5504