

Trilogy Health Network Modifier Payment Levels Effective 7/1/14

The Modifier Payment Levels of Trilogy Health Network are as follows:

- Mod 22 (Unusual Services): **increase the allowed to 120%**
- Mod 50 (Bilateral Procedure): **increase the allowed to 150% of the single procedure when billed on one line**
- Mod 51 (Multiple Procedures): **reduce the allowed by 50% for each procedure that is secondary to the primary procedure**
- Mod 52 (Reduced Services): **reduce the allowed by 50%**
- Mod 53 (Discontinued Procedure): **reduce the allowed by 50%**
- Mod 54 (Surgical Care Only): **reduce the allowed by 20%**
- Mod 55 (Follow-up Care Only): **reduce the allowed by 80%**
- Mod 56 (Postoperative Management): **reduce the allowed by 90%**
- Mod 62 (Two Surgeons): **reduce the allowed by 37%**
- Mod 78 (Return to Operating Room for a Related Procedure): **reduce the allowed by 30%**
- Mod 81 (Minimum Assistant Surgeon): **reduce the allowable by 90%**
- Mod AS (Minimum Assistant Surgeon): **reduce the allowable by 80%**
- Mod 80 & 82 (Assistant Surgeon): **reduce the allowed by 80%**
- Mod P2 (Mild Systemic Disease): **0 additional units**
- Mod P3 (severe Systemic Disease): **1 additional unit**
- Mod P4 (severe Systemic Disease; Threat to Life): **2 additional units**
- Mod P5 (Moribund Patient; Need of Operation): **3 additional units**
- Mod QK (Medical Direction of 2-4 Procedures): **reduce the allowed by 50%**
- Mod QX (CRNA Service Under MD Direction): **reduce the allowed by 50%**
- Mod QY (CRNA & Anesthesiologist): **reduce the allowed by 50%**

- Anesthesia Time Units: **15 minutes = 1 unit; rounded to the nearest tenth of a unit**

- **Mod 26 and Mod TC reductions are accounted for in provider fee schedules, so no further reductions should be taken by payer(s).**

- **Ambulatory Surgical Facilities will have multiple surgical reductions applied per each individual contract regardless of 51 modifier(s) present or not. No further reductions should be taken by payer(s).**