

NYS APG Modifiers

Revised for April 1, 2013 Updates:

For more detailed information regarding the use of modifiers in APGs, please see section 2.5 of the APG Provider Manual

Modifier	Modifier Description	State Agencies Using Modifier	Effective Date	Date Added to List	APGs Affected by Modifier	Application of Modifier
25	Distinct Service (medical visit)	All Agencies	12/01/08		All APGs	Does not change APG logic; can be used to bypass certain NCCI edits if appropriate.
27	Distinct Medical Visit				491 (regroups to 449)	Turned off in APGs.
50	Bilateral Procedures	All Agencies	12/01/08		All APGs	First code paid 100%, second paid 50%.
52	Reduced Services	All Agencies	12/01/08		All APGs	50% reduction in payment.
59	Separate Procedures or Distinct Procedural Services	All Agencies	12/01/08		All APGs	The line will discount instead of consolidating. Also used to bypass NCCI edits, if appropriate.
73	Terminated Procedure	All Agencies	12/01/08		All APGs	50% reduction in payment.
AF	Specialty Physician	OMH, OASAS	10/01/10		315, 316, 317, 318, 323	20% increase for 318; 45% increase for all others.
AG	Primary Physician	OMH, OASAS	10/01/10		315, 316, 317, 318, 323	20% increase for 318; 45% increase for all others.
FB	Obtained by Provider at No Cost	OMH	10/01/10	10/01/11	414, 415, 416, all drug APGs (category 24)	Pays \$13.23 for line based on proxy weight and statewide base rate. Retro to Oct 2010. Don't code admin/inj code.
G1 - G6	URR Level for Dialysis	DOH	10/01/11	10/01/11	169 (is reassigned to 168)	Causes APG 169 to be reassigned to APG 168. G6 is not the URR level but indicates that less than 6 session were received during a month, but G6 should still cause APG 169 to be reassigned to APG 168.
HE	Mental Health Program	OMH, DOH	04/01/13	04/01/13	Medical visits that represent Psychiatric Assessments (in DOH or OMH clinics) or Psychotropic Med Mgt (only in OMH clinics)	No 3M action required. This modifier is used to signal to MCOs that they must pay the billing provider the applicable FFS APG reimbursement amount for the E&M code. This modifier is used for Managed Care ONLY.
HN	Bachelors Degree	OPWDD	01/01/11		All mental hygiene APGs (pricer does not check for APG)	25% reduction in payment.
HO	Masters Degree	OPWDD	01/01/11		All mental hygiene APGs (pricer does not check for APG)	25% reduction in payment.
HQ	Group Setting	DOH	07/01/11		451	50% reduction in payment.
KP	First drug of a multiple drug unit use formulation	OASAS	10/01/12	10/01/12	322	Doubles payment for first H0020 on a claim.
PA	Surgical procedure on wrong body part	DOH	07/01/12	07/01/12	All	No payment for line with modifier.
PB	Surgical procedure on wrong patient	DOH	07/01/12	07/01/12	All	No payment for line with modifier.
PC	Wrong surgery or procedure on patient	DOH	07/01/12	07/01/12	All	No payment for line with modifier.
SA	Nurse Practitioner	OMH, OASAS	10/01/10		315, 316, 317, 318, 323	20% increase for 318; 45% increase for all others.
SL	State Supplied Vaccine (VFC program)	DOH	12/01/08	10/01/11	414, 415, 416	Pays \$17.85 for line based on proxy weight and statewide base rate. Retro to Dec 2008. Don't code admin/inj code.
U4	Language Other Than English	OMH	07/01/10		310, 312, 315-318, 321, 323, 426, 490 (10/01/10)	10% increase in payment.
U5	Reduced Services	OMH	01/01/11		315, 316, 317, 318, 323	30% reduction in payment - SBHC for OMH.
U6	Reimbursable Ancillary	DOH	07/01/11		All ancillary APGs as defined by NYS	Allows payment for ancillary APGs.
UC	Observation provided in a Distinct Unit	DOH	04/01/13		450	Pays 100% of the allowed weight when appended to Px code G0378. If modifier is not present, 80% is paid.
UD	340B Drug	DOH	04/01/11		All drug APGs (pricer does not check for APG)	25% reduction in payment.