

NYS APG Modifiers
Revised for January 1, 2024 Updates:

For more detailed information regarding the use of modifiers in APGs, please see section 2.6 of the APG Provider Manual

Modifier:	Modifier Description:	State Agencies Using Modifier:	Effective Date:	Date Added to List:	APGs (or Procedures) Affected by Modifier:	Application of Modifier:	References:
25	Distinct Service (Medical visit)	All Agencies	12/01/08		All APGs	Does not change APG logic Also used to bypass NCCI edits, if appropriate.	
27	Distinct Medical Visit					Turned off in APGs.	
50	Bilateral Procedures	All Agencies	12/01/08		All APGs	First code is paid 100%, second code has a 50% reduction in payment.	
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.	OMH APG Payment Modifiers
AG	Primary Physician	OMH, OASAS	10/01/10		315, 316, 317, 318, 323	20% increase for 318; 45% increase for all others.	OMH APG Payment Modifiers
FB	Obtained by Provider at No Cost	OMH, DOH	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.	September - 2012 OMH APG Payment Modifiers
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.	
GO, GP, or GN	Services delivered under an outpatient occupational therapy (GO), physical therapy (GP), or speech-language pathology (GN) plan of care.	OPWDD, DOH	10/01/13	10/01/11	270, 271, 272	Deny any procedure code that groups to OT (270), PT (271), or Speech (272) if one of the following modifiers is missing (GO, GP, or GN modifier).	December - 2011 September - 2015
HN	Bachelors Degree	OPWDD	01/01/11				
HO	Masters Degree	OPWDD	01/01/11		All mental hygiene APGs (pricer does not check for APG)	25% reduction in payment. Note: One of the two license-level modifiers MUST be used when Article 16 Clinic rehabilitation counseling services are claimed for APG Medicaid reimbursement. Providers must report the appropriate license-level modifier based on the educational degree of the rehabilitation counselor providing services.	
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)	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.**	January - 2011
HQ	Group Setting	DOH	07/01/22	07/01/11	99406, 99407, and D1320 ⁽²⁾	50% reduction in payment.	April - 2011 May - 2011
		OMH	08/01/22	08/01/22	H0038	74% reduction in payment until 12/31/2023, and 61% reduction in payment beginning 1/1/2024.	
JG	340B Drug	DOH	07/01/18	07/01/18	All drug APGs (pricer does not check for APG)	25% reduction in payment.	
JW	Drug amount discarded/not administered to any patient	All Agencies	01/01/15	01/01/15	All paying drug APGs (pricer does not check for APG)	For payable APG drug bands- Added to second line and no payment for line with modifier. For drugs on APG fee schedule- Added to the second line and payment for line with modifier made based on units provided.	August - 2015
JZ	No drug amount discarded	All Agencies	07/01/23	07/01/23	All paying drug APGs (pricer does not check for APG)	The JZ modifier is required when there are no discarded amounts from single-use drug vials or single-use packages. All claims for single-use vials or single-use packages must have either the JW modifier (on the claim line with the drug amount discarded) to identify any discarded amounts or the JZ modifier (on the claim line with the administered amount) to attest that there were no discarded drug amounts.	
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.	APG information for OASAS Outpatient Chemical Dependence Programs
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.	OMH APG Payment Modifiers
SL	State Supplied Vaccine (VFC program)	DOH	12/01/08	10/01/11	414, 415, 416	Pays \$17.85 (Prior to 7/1/2023) and \$25.10 (Effective 7/1/2023) when appended to the CPT code of the VFC-available vaccine. No additional vaccine administration code is needed.	October - 2010 December - 2011 September - 2012 July - 2020
TB	340B Drug	DOH	07/01/18	07/01/18	All drug APGs (pricer does not check for APG)	25% reduction in payment.	
U1, U2	Increase reimbursement for ambulatory surgery dental services for IDD population	DOH	07/01/23	07/01/23	41899	The U1, U2 modifiers must appear consecutively, in this order on the claim line when seeking reimbursement for CPT code 41899 greater than one (1) unit. (Use is restricted only for ambulatory surgery dental services delivered to members assigned an "Exception Code" of either 81 or 95)	https://www.health.ny.gov/health_care/medicaid/program/update/2023/no12_2023-07.html#dental
U1, U7	Language Other Than English - Only for services provided via an outside/contracted interpreter service	OMH	7/1/2023 (mandatory as of 10/01/23)	07/01/23	All APGs	The U1 and U7 modifiers must appear consecutively, in this order on the claim line for the enhanced pricing logic to be applied. (Use Restricted only to OMH Rate Codes)	MU Placeholder
U1, U9	Adverse Childhood Experiences (ACEs) Screening	DOH	01/01/24	01/01/24	G9919 & G9920	The U1, U9 modifiers must appear consecutively, in this order on the claim line to identify the screening was performed as part of the Adverse Childhood Experiences (ACEs) screening	MU Placeholder
U4	Language Other Than English	OMH	07/01/10		310, 312, 315-318, 320 ⁽³⁾ , 321, 323, 426, 490 (10/01/10)	10% increase in payment.	OMH APG Payment Modifiers
U5	Reduced Services	OMH	01/01/11		315, 316, 317, 318, 323	30% reduction in payment for school-based group psychotherapy services.	OMH APG Payment Modifiers
U6	Reimbursable Ancillaries for D&TCs	DOH	07/01/11		44-449-244, 277, 281-283, 286-303, 308, 330-332, 384, 388, 389, 390-412, 470-475, 486, and 499⁽⁴⁾	Provides reimbursement to a D&TC for rendering an ancillary service in-house, or has a service/payment agreement in place with a separate provider not seeking direct Medicaid reimbursement.	APGs Subject to the Ancillary Policy
UC	Observation services 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.	May - 2013
UD	340B Drug	DOH	04/01/11		All drug APGs (pricer does not check for APG)	25% reduction in payment.	February - 2013 March - 2015 May - 2015 July - 2015
XE	Separate Encounter	All Agencies	01/01/15		All APGs	The line will discount instead of consolidating. Also used to bypass NCCI edits, if appropriate.	
XS	Separate Structure	All Agencies	01/01/15		All APGs	The line will discount instead of consolidating. Also used to bypass NCCI edits, if appropriate.	
XP	Separate Practitioner	All Agencies	01/01/15		All APGs	The line will discount instead of consolidating. Also used to bypass NCCI edits, if appropriate.	
XU	Unusual Non-Overlapping Service	All Agencies	01/01/15		All APGs	The line will discount instead of consolidating. Also used to bypass NCCI edits, if appropriate.	