

TABLE 1. CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE MODIFIERS

CPT Code Modifier	Description
-22	Increased procedural services: When the work required to provide a service is substantially greater than typically required. Documentation must support the substantial additional work and the reason for the additional work (e.g., increased intensity, additional time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required).
-25	Significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified healthcare professional on the same day of the procedure or other service.
-50	Bilateral procedure: Unless otherwise identified in the CPT code description, bilateral procedures performed during the same operative session should be identified by the addition of the modifier -50 to the base CPT code.
-52	Reduced services: Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's discretion. Under such circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier -52, signifying that the service is reduced.
-59	Distinct procedural service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Identify such procedures that are not normally reported together and are appropriate under the circumstances with -59.