Top 10 Most Common Modifiers in Chiropractic Billing

And How to Use Them Accurately

Modifier	When To Use	Good To Know
59	If the service provided is distinct or **independent from other services provided on the same day.**	**EM services on the same day do not require 59.** When another modifier is appropriate it should be used rather than 59.
XS	When a service that is distinct because **it was performed on a separate organ/structure.**	These modifiers were developed to provide greater reporting specificity in **situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible.** *(Modifier 59 should only be utilized if no other more specific modifier is appropriate.)*
XE	This modifier should only be used to **describe separate encounters on the same date of service.**	
XU	The use of a service that is distinct **because it does not overlap usual components of the main service.**	
XP	A service that is distinct because **it was performed by a different practitioner.**	
AT	Should be used when reporting service **98940, 98941, 98942 to Medicare, when patients are in the active/corrective treatment phases of care.**	Required for claims submitted for services rendered under Medicare contracts. Otherwise such claims will be interpreted as "maintenance" or "custodial" services. Maintenance services are not reimbursable.
GA	To indicate to Medicare that **you expect the service to be denied as not reasonable** and customary and that the **patient has signed an ABN** for this date of service.	Use of this modifier ensures that upon denial, **Medicare will automatically assign the beneficiary liability.**
GY	When you are aware that an item or supply is noncovered by Medicare, **but you intend to bill this service to the patient's secondary policy.**	**Do not use on bundled procedure or on add-on codes.** Modifier GY will cause the claim to deny with the patient liable for the charges.
GZ	To indicate to Medicare that **you expect the service to be denied as not reasonable** and customary and that the **patient has NOT signed an ABN** for this date of service.	**Medicare will auto-deny services submitted with a GZ modifier.** The denial message indicates that the patient is not responsible for payment.
25	**If you preform and E/M service** on the same day as a procedure.	The 25 modifier goes on the E/M service, not the procedure. **DO NOT** add a 59 or other additional modifier on the procedure.

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