



## HERITAGE MODIFIER GUIDE

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The use of modifiers is an important part of billing for vision care services. Modifiers provide additional information for claims processing, and ensure that providers receive the most accurate payment for any services they render.

Heritage requires modifiers for filing some claims, but not all. Inappropriate use of a modifier or using a modifier when it is not necessary will result in denial or a delay of claim reimbursement.

The following section provides information about Heritage modifiers for our vision care providers. A complete list of modifiers and related CPT Codes are included at the end of this manual.

ACCEPTED MODIFIER CODES		
CODE	DESCRIPTION	CPT CODES APPLIED TO
MN	Indicates Contact Lenses are deemed Medically Necessary (Prior-Authorization process must be approved)	All Contact Lens Codes S0500, S0512, S0514, V2501-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V52599
C2	Indicates Specialty or Premium Contact Lens evaluation	92310, S0592
P2	Indicates Premium Progressive Lenses	V2781
A2	Indicates Premium Anti-Reflective Coating	V2750
T2	Indicates Premium Photochromic Lenses (i.e. Light Reactive Transitional Lenses)	V2744
95	Indicates the Eye Exam was performed remotely via Telemedicine Service (see Telemedicine FAQ for guidelines)	S0620-S0621, 92002, 92004, 92014, 92014
CLIENT SPECIFIC MODIFIER CODES - REQUIRED TO SUBMIT A CLAIM		
IN ORDER TO PROCESS EACH BENEFIT PROPERLY, ALL FRAME, LENS AND OPTION CPT CODES MUST BE SUBMITTED WITH A MODIFIER ASSIGNED.		
Rocket PPO and Stock X - offer two pairs of eyeglasses at two different benefit levels		
CODE	DESCRIPTION	CPT CODES APPLIED TO
SF	Standard Pair - Apply modifier to all CPT codes that apply to the first pair of glasses	All Frame, Lens and Option Codes
CF	Computer Pair - Apply modifier to all CPT codes that apply to the Computer pair of glasses (VDT Pair)	All Frame, Lens and Option Codes
HAP Empowered Medicare and Medicaid Plans		
CODE	DESCRIPTION	CPT CODES APPLIED TO
RA	Indicates glasses are a replacement pair (Prior-Authorization process must be approved)	All Frame, Lens and Option Codes



## EXAMPLES OF PROPERLY IMPLEMENTED MODIFIER CODES

When a modifier is required, the valid CPT and modifier(s) should be placed in Block 24D of the CMS-1500 claim form, or where applicable on an EDI file (i.e. 837 5010). Placement of a modifier after a CPT code does not ensure reimbursement. Documentation of medical necessity (with prior authorization) may also be necessary for certain procedure codes.

### Example: Medically Necessary Contacts

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY				15. OTHER DATE QUAL: MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
20. OUTSIDE LAB? YES NO \$ CHARGES				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.				22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ICD-10 J. RENDERING PROVIDER ID. #							
1				08 01 22 08 01 22 11 92014 a 120 00 NPI 1111199999							
2				08 01 22 08 01 22 11 v2750 mn a 500 00 NPI 1111199999							
3								NPI			
4								NPI			
5								NPI			
6								NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN 123456789 x				26. PATIENT'S ACCOUNT NO. 54321				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES x NO			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED John Smith DATE 8-5-22				32. SERVICE FACILITY LOCATION INFORMATION Smith Optical 1234 Main Street Georgetown TX 54321				33. BILLING PROVIDER INFO & PH # ( ) Smith Industries LLC 555 Apple Ave Central TX 44321			

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### Example: Replacement Pair of Glasses

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.				22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. h52.223 B. C. D. E. F. G. H. I. J. K. L.				23. PRIOR AUTHORIZATION NUMBER			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ICD-10 J. RENDERING PROVIDER ID. #							
1				09 01 22 09 01 22 11 V2100 ra 60 00 NPI 1111199999			
2				09 01 22 09 01 22 11 V2020 ra 120 00 NPI 1111199999			
3							
4				NPI			
5				NPI			
6				NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN 123456789 x				26. PATIENT'S ACCOUNT NO. 54321			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED John Smith DATE 9-10-22				32. SERVICE FACILITY LOCATION INFORMATION Smith Optical 1234 Main Street Georgetown TX 54321			
				33. BILLING PROVIDER INFO & PH # ( ) Smith Industries LLC 555 Apple Ave Central TX 44321			

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## Example: Rocket Modifiers for Multiple Pairs

Modifier indicating these  
apply to regular pair

Modifier indicating these  
apply to computer pair

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.:												22. RESUBMISSION CODE		ORIGINAL REF. NO.																									
A. H52.223				B. H52.13				C. _____				D. _____				E. _____				F. _____				G. _____				H. _____				I. _____				J. _____			
23. PRIOR AUTHORIZATION NUMBER																																							
24. A.		DATE(S) OF SERVICE		B.		C.		D.		E.		F.		G.		H.		I.		J.																			
		From To		MM DD YY MM DD YY		PLACE OF SERVICE		EMG		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPICOT Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #													
1		06 01 22 06 01 22 11								92004						a		120 00						NPI		1111199999													
2		06 01 22 06 01 22 11								V2020		sf				a		220 00						NPI		1111199999													
3		06 01 22 06 01 22 11								V2784		sf p2				a		300 00						NPI		1111199999													
4		06 01 22 06 01 22 11								V2750		sf a2				a		130 00						NPI		1111199999													
5		06 01 22 06 01 22 11								V2020		cf				a		120 00						NPI		1111199999													
6		06 01 22 06 01 22 11								v2871		cf p2				a		300 00						NPI		1111199999													
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE															
123456789				x				54321				YES x NO				\$ 1190 00				\$				\$															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH # ( )															
SIGNED John Smith DATE 8-5-22												Smith Optical 1234 Main Street Georgetown TX 54321												Smith Industries LLC 555 Apple Ave Central TX 44321															
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## Example: Telemedicine + Refraction

Modifier indicating the  
exam was performed  
remotely

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.:												22. RESUBMISSION CODE		ORIGINAL REF. NO.																									
A. H524				B. _____				C. _____				D. _____				E. _____				F. _____				G. _____				H. _____				I. _____				J. _____			
23. PRIOR AUTHORIZATION NUMBER																																							
24. A.		DATE(S) OF SERVICE		B.		C.		D.		E.		F.		G.		H.		I.		J.																			
		From To		MM DD YY MM DD YY		PLACE OF SERVICE		EMG		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPICOT Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #													
1		04 01 22 04 01 22 2								92002		95				a		120 00						NPI		1111199999													
2		04 01 22 04 01 22 2								92250						a		20 00						NPI		1111199999													
3																								NPI															
4																								NPI															
5																								NPI															
6																								NPI															
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE															
123456789				x				54321				YES x NO				\$ 140 00				\$				\$															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH # ( )															
SIGNED John Smith DATE												Smith Optical 1234 Main Street Georgetown TX 4321												Smith Industries LLC 555 Apple Ave Central TX 44321															
NUCC Instruction Manual available at: www.nucc.org												PLEASE PRINT OR TYPE												APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)															

## HERITAGE CPT CODES & MODIFIERS FOR 2022

The following charts list procedure codes with their corresponding required or allowable modifiers. Please ensure that your office is using the current edition of the Heritage Modifier Guide reflective of the date of service of the claim. The column headings of the charts are described below.

### **CODES OR CODE RANGES**

The “Codes or Code Ranges” column lists the Heritage specific code or range of codes that are being billed with required or allowable modifiers.

### **ALLOWABLE MODIFIERS**

The “Allowable Modifiers” column refers to certain modifiers that indicate that the procedure or service has been altered (i.e. a premium or upgraded service) but not changed by definition.

### **REQUIRED MODIFIERS**

The “Required Modifiers” column refers to services or procedures that require a modifier for payment. Claims that do not include a required modifier will be denied.

### **SERVICE OR PROCEDURE**

The “Service or Procedure” column lists a general description of the CPT code

### **TIPS TO AVOID THE POSSIBILITY OF REJECTED CLAIMS:**

- Use valid modifiers. Heritage considers only CPT modifiers that appear in the current Heritage CPT list as valid.
- Indicate the valid modifier in Block 24D of the CMS-1500, or where applicable on an EDI file (i.e. 837 5010). We collect up to four modifiers per CPT code.
- Do not use other descriptions in this section of the claim form. In some cases, our system may read the description as a set of modifiers and this could result in lower payment for you.
- Avoid excess spaces between each modifier.
- Do not use dashes, periods, commas, semicolons or any other punctuation in the modifier portion.

## STANDARD PLAN MODIFIERS

CODES OR CODE RANGES	STANDARD PLAN ALLOWABLE MODIFIERS	SERVICE OR PROCEDURE
S0620, S0621, 92002, 92004, 92012, 92014	<b>95</b>	Examination
92015		Refraction
S0504, V2100-V2115, V2117-V2118, V2121, V2199, V2410		Single Vision Lenses
S0506, V2200-V2215, V2217-V2221, V2299, V2430		Bifocal Lenses
S0508, V2300-V2315, V2317-V2321, V2399, V2488		Trifocal Lenses
S0518, V2020, V2025		Frames
S0592, 92310	<b>C2</b>	Contact Lens Fitting
S0500	<b>MN</b>	Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	<b>MN</b>	Contact Lenses, Conventional
S0580, V2784		Polycarbonate
V2710, V2715		Prism
V2740-V272		Tint, plastic/glass, rose 1 or 2 (solid and gradient)
V2743		Tint, glass, other than rose 1 or 2
V2745		Addition to lens, tint, any color, solid, gradient or equal, excludes photochromic
V2744	<b>T2</b>	Photochromic (Light Reactive transitional lenses)
V2750	<b>A2</b>	Anti-Reflective Coating
V2755		UV Coating
V2760		Scratch Resistant Coating
V2761		Mirror Coating
V2762		Polarization
V2782 - V2783		Hi-Index
S0800		Lasik refractive surgery
V2702		Deluxe lens options
V2799		Miscellaneous Services



## ROCKET PPO AND STOCKX PLAN MODIFIERS

CODES OR CODE RANGES	ROCKET PLAN AND STOCKX ALLOWABLE MODIFIERS	ROCKET AND STOCKX PLAN REQUIRED MODIFIERS	SERVICE OR PROCEDURE
S0620, S0621, 92002, 92004, 92012, 92014	<b>95</b>		Examination
92015			Refraction
S0504, V2100-V2115, V2117-V2118, V2121, V2199, V2410		<b>CF, SF</b>	Single Vision Lenses
S0506, V2200-V2215, V2217-V2221, V2299, V2430		<b>CF, SF</b>	Bifocal Lenses
S0508, V2300-V2315, V2317-V2321, V2399, V2488		<b>CF, SF</b>	Trifocal Lenses
S0518, V2020, V2025		<b>CF, SF</b>	Frames
S0592, 92310	<b>C2</b>		Contact Lens Fitting
S0500	<b>MN</b>		Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	<b>MN</b>		Contact Lenses, Conventional
S0580, V2784		<b>CF, SF</b>	Polycarbonate
V2710, V2715		<b>CF, SF</b>	Prism
V2740-V272		<b>CF, SF</b>	Tint, plastic/glass, rose 1 or 2 (solid and gradient)
V2743		<b>CF, SF</b>	Tint, glass, other than rose 1 or 2
V2745		<b>CF, SF</b>	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromic
V2744	<b>T2</b>	<b>CF, SF</b>	Photochromic (Light Reactive transitional lenses)
V2750	<b>A2</b>	<b>CF, SF</b>	Anti-Reflective Coating
V2755		<b>CF, SF</b>	UV Coating
V2760		<b>CF, SF</b>	Scratch Resistant Coating
V2761		<b>CF, SF</b>	Mirror Coating
V2762		<b>CF, SF</b>	Polarization
V2782 - V2783		<b>CF, SF</b>	Hi-Index
S0800		<b>CF, SF</b>	Lasik refractive surgery
V2702		<b>CF, SF</b>	Deluxe lens options
V2799		<b>CF, SF</b>	Miscellaneous Services

## HAP EMPOWERED MI MEDICARE/MEDICAID PLAN MODIFIERS

CODES OR CODE RANGES	HAP MEDICARE/ MEDICAID PLAN ALLOWABLE MODIFIERS	SERVICE OR PROCEDURE
S0620, S0621, 92002, 92004, 92012, 92014	<b>95</b>	Examination
92015		Refraction
S0504, V2100-V2115, V2117-V2118, V2121, V2199, V2410	<b>RA</b>	Single Vision Lenses
S0506, V2200-V2215, V2217-V2221, V2299, V2430	<b>RA</b>	Bifocal Lenses
S0508, V2300-V2315, V2317-V2321, V2399, V2488	<b>RA</b>	Trifocal Lenses
S0518, V2020, V2025	<b>RA</b>	Frames
S0592, 92310	<b>C2</b>	Contact Lens Fitting
S0500	<b>MN</b>	Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	<b>MN</b>	Contact Lenses, Conventional
S0580, V2784	<b>U1</b>	Polycarbonate
V2710, V2715		Prism
V2740-V272		Tint, plastic/glass, rose 1 or 2 (solid and gradient)
V2743		Tint, glass, other than rose 1 or 2
V2745		Addition to lens, tint, any color, solid, gradient or equal, excludes photochromic
V2744	<b>T2</b>	Photochromic (Light Reactive transitional lenses)
V2750	<b>A2</b>	Anti-Reflective Coating
V2755		UV Coating
V2760		Scratch Resistant Coating
V2761		Mirror Coating
V2762		Polarization
V2782 - V2783		Hi-Index
S0800		Lasik refractive surgery
V2702		Deluxe lens options
V2799		Miscellaneous Services