



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, 92012, 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)										15. OTHER DATE										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB?										21. PRIOR AUTHORIZATION NUMBER									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. RESUBMISSION CODE										23. PRIOR AUTHORIZATION NUMBER									
A. H18 . 6 13										B. H52 . 2 13										C. ICD Ind.									
D. PROCESSES, SERVICES, OR SUPPLIES										E. DIAGNOSIS POINTER										F. \$ CHARGES									
G. DAYS OR UNITS										H. PRIOR Family Plan										I. ID. QUAL.									
J. RENDERING PROVIDER ID. #										K. NPI										L. 1111199999									
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE										C. EMG									
D. PROCESSES, SERVICES, OR SUPPLIES										E. DIAGNOSIS POINTER										F. \$ CHARGES									
G. DAYS OR UNITS										H. PRIOR Family Plan										I. ID. QUAL.									
J. RENDERING PROVIDER ID. #										K. NPI										L. 1111199999									
25. FEDERAL TAX I.D. NUMBER										SSN EIN										26. PATIENT'S ACCOUNT NO.									
123456789										X										54321									
27. ACCEPT ASSIGNMENT?										28. TOTAL CHARGE										29. AMOUNT PAID									
YES X NO										\$ 620 . 00										\$									
30. BALANCE DUE										31. SIGNATURE OF PHYSICIAN OR SUPPLIER										32. SERVICE FACILITY LOCATION INFORMATION									
										Smith Optical										Smith industries LLC									
										1234 Main Street Georgetown TX 54321										555 Apple Ave Central TX 44321									
SIGNED John Smith										DATE 08-05-22										APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)									

CPT Code Only

CPT Code + Modifier

Example: Replacement Pair of Glasses

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. RESUBMISSION CODE										23. PRIOR AUTHORIZATION NUMBER									
A. H52 . 2 13										B. ICD Ind.										C. ORIGINAL REF. NO.									
D. PROCESSES, SERVICES, OR SUPPLIES										E. DIAGNOSIS POINTER										F. \$ CHARGES									
G. DAYS OR UNITS										H. PRIOR Family Plan										I. ID. QUAL.									
J. RENDERING PROVIDER ID. #										K. NPI										L. 1111199999									
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE										C. EMG									
D. PROCESSES, SERVICES, OR SUPPLIES										E. DIAGNOSIS POINTER										F. \$ CHARGES									
G. DAYS OR UNITS										H. PRIOR Family Plan										I. ID. QUAL.									
J. RENDERING PROVIDER ID. #										K. NPI										L. 1111199999									
25. FEDERAL TAX I.D. NUMBER										SSN EIN										26. PATIENT'S ACCOUNT NO.									
123456789										X										54321									
27. ACCEPT ASSIGNMENT?										28. TOTAL CHARGE										29. AMOUNT PAID									
YES X NO										\$ 180 . 00										\$									
30. BALANCE DUE										31. SIGNATURE OF PHYSICIAN OR SUPPLIER										32. SERVICE FACILITY LOCATION INFORMATION									
										Smith Optical										Smith industries LLC									
										1234 Main Street Georgetown TX 54321										555 Apple Ave Central TX 44321									
SIGNED John Smith										DATE 09-10-22										APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)									

CPT Code + Modifier

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. H52.2 13		B. H52 13		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____													
23. PRIOR AUTHORIZATION NUMBER																																			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. (P)DT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #																	
From MM DD YY To MM DD YY																																			
1 06 01 22 06 01 22 11						92004		A		120 00				NPI		1111199999																			
2 06 01 22 06 01 22 11						V2020		SF		220 00				NPI		1111199999																			
3 06 01 22 06 01 22 11						V2781		SF P2		300 00				NPI		1111199999																			
4 06 01 22 06 01 22 11						V2750		SF A2		130 00				NPI		1111199999																			
5 06 01 22 06 01 22 11						V2020		CF		120 00				NPI		1111199999																			
6 06 01 22 06 01 22 11						V2871		CF P2		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) YES X NO				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE											
123456789				X				54321								\$ 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 06-10-22												Smith Optical 1234 Main Street Georgetown TX 54321												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)											

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. _____		K. _____		L. _____													
23. PRIOR AUTHORIZATION NUMBER																																			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. (P)DT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #																	
From MM DD YY To MM DD YY																																			
1 04 01 22 04 01 22 2						92002		95		120 00				NPI		1111199999																			
2 04 01 22 04 01 22 2						92250				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) YES X NO				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE											
123456789				X				54321								\$ 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	95	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	C2	Contact Lens Fitting
S0500	MN	Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	MN	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	T2	Photochromic (Light Reactive transitional lenses)
V2750	A2	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	95		Examination
92015			Refraction
S0504, V2100-V2115, V2117-V2118, V2121, V2199, V2410		CF, SF	Single Vision Lenses
S0506, V2200-V2215, V2217-V2221, V2299, V2430		CF, SF	Bifocal Lenses
S0508, V2300-V2315, V2317-V2321, V2399, V2488		CF, SF	Trifocal Lenses
S0518, V2020, V2025		CF, SF	Frames
S0592, 92310	C2		Contact Lens Fitting
S0500	MN		Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	MN		Contact Lenses, Conventional
S0580, V2784		CF, SF	Polycarbonate
V2710, V2715		CF, SF	Prism
V2740-V272		CF, SF	Tint, plastic/glass, rose 1 or 2 (solid and gradient)
V2743		CF, SF	Tint, glass, other than rose 1 or 2
V2745		CF, SF	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromic
V2744	T2	CF, SF	Photochromic (Light Reactive transitional lenses)
V2750	A2	CF, SF	Anti-Reflective Coating
V2755		CF, SF	UV Coating
V2760		CF, SF	Scratch Resistant Coating
V2761		CF, SF	Mirror Coating
V2762		CF, SF	Polarization
V2782 - V2783		CF, SF	Hi-Index
S0800		CF, SF	Lasik refractive surgery
V2702		CF, SF	Deluxe lens options
V2799		CF, SF	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	95	Examination
92015		Refraction
S0504, V2100-V2115, V2117-V2118, V2121, V2199, V2410	RA	Single Vision Lenses
S0506, V2200-V2215, V2217-V2221, V2299, V2430	RA	Bifocal Lenses
S0508, V2300-V2315, V2317-V2321, V2399, V2488	RA	Trifocal Lenses
S0518, V2020, V2025	RA	Frames
S0592, 92310	C2	Contact Lens Fitting
S0500	MN	Contact Lenses, Disposable
S0512, S0514, V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	MN	Contact Lenses, Conventional
S0580, V2784	U1	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	T2	Photochromic (Light Reactive transitional lenses)
V2750	A2	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