

## Network Provider Update

To: Medi-Cal Network Providers

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### Subject: Billing surgical procedures with Medi-Cal modifiers

In accordance with Medi-Cal billing and reimbursement guidelines, effective **November 1, 2020**, Blue Shield of California Promise Health plan will require Medi-Cal surgical modifiers for Current Procedural Terminology (CPT) codes 10000-69999 to be included in claims submitted with dates of service on or after November 1, 2020. Claims submitted without the required modifiers will be denied.

For your reference and convenience, the information below has been excerpted from the [2020 Medi-Cal Provider Training manual](#).

**Primary Surgeon (Modifier AG):** The primary surgeon or podiatrist is required to use modifier AG on the only, or the highest valued, procedure code being billed for the date of service.

**Multiple Primary Surgeons (Modifier AG):** Two or more surgeons may use modifier AG for the same patient on the same date of service, if the procedures are performed independently and in a different anatomical area or compartment. All claims must include:

- Medical justification
- Operative reports by all surgeons involved
- Clearly indicated start and stop times for each procedure

**Bilateral Procedures (Modifier 50):** Modifier 50 is used when bilateral procedures performed add significant time or complexity to patient care at a single operative session.

**Multiple Bilateral Procedures:** When billing for multiple bilateral procedures performed by the same physician at the same operative session, providers must use modifiers AG, 50, 51 and 99.

**Multiple Procedures (Modifier 51):** The multiple procedures modifier identifies the secondary, additional or lesser procedures for multiple procedures performed on the same day or at the same operative session.

Modifier	Description
AG	Primary Surgeon; Multiple Primary Surgeons
50	Bilateral Procedure
51	Multiple Procedures
99	Multiple Modifiers

**Reimbursement Rule:**

CPT Code/Modifier	Reimbursement Formula
41150-AG	100% of full-fee rate
38720-51	50% of full-fee rate
15120-50	50% of full-fee rate

**Billing Tip:** Certain procedures billed by the primary surgeon with modifier 51 are exempt from the multiple procedure reduction rule and are paid at 100 percent of the Medi-Cal maximum allowable. For a list of exempt procedures, refer to the *Surgery: Billing with Modifiers* (surg bil mod) section in the Part 2 provider manual.

**Assistant Surgeon (Modifier 80):** Assistant surgeons must use modifier 80 as a part of each procedure billed. The major surgical procedure is identified by the use of modifier 80 (assistant surgeon) and multiple surgical procedures must be identified by the use of modifier 99 (multiple modifiers).

**NOTE:** Not all surgical procedures are reimbursable to an assistant surgeon. To determine if there are any policy restrictions, refer to the Treatment Authorization Request and Non-Benefit List: Codes (tar and non cd) section in the appropriate Part 2 provider manual.

Modifier	Description
80	Assistant Surgeon
99	Multiple Modifiers

Refer to the *Modifiers: Approved List* section (*modif app*) in the Part 2 provider manual for a complete list of approved modifier codes for billing for Medi-Cal patients. Modifiers not listed in the *Modifiers: Approved List* section are not acceptable for billing Medi-Cal. The inappropriate use of a modifier, or using a modifier when it is not necessary, will result in a denial or delay of payment. All modifiers (and procedure codes) must be appropriate for the diagnosis code listed.

For more information, please visit the DHCS Medi-Cal Program and Eligibility provider manual, and review the section titled *Surgery: Billing with Modifiers* ("surg bil mod") or the 2020 Medi-Cal Provider Training manual, which may be accessed online at:

[https://files.medi-cal.ca.gov/pubsdoco/outreach\\_education/workbooks/ah\\_2020.pdf](https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/ah_2020.pdf).

Should you have any questions related to Blue Shield Promise billing, please contact our Provider Customer Care Department at **(800) 468-9935** from 8 a.m. to 5 p.m., Monday through Friday.

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