

## **Medicare Modifier Usage Reminder**

Upon review of encounter data, it has come to MVP's attention that many claims are being billed with inappropriate modifiers.

Please be advised that certain modifiers are line of business specific. For instance, modifier values 1P, 2P, 3P and 8P as outlined below, are only to be used for the Medicare Physician Quality Reporting System and should be used for Medicare claims as follows:

- **1. Performance Measure Exclusion** Modifiers indicate that an action specified in the measure was not provided due to medical, patient, or system reason(s) documented in the medical record. Performance measure exclusion modifiers fall into one of three categories:
- 1P -- Performance Measure Exclusion Modifier due to Medical Reasons: Includes: Not Indicated (absence of organ/limb, already received/performed, other); Contraindicated (patient allergic history, potential adverse drug interaction, other)
- **2P Performance Measure Exclusion Modifier due to Patient Reasons:** Includes: Patient declined; economic, social, or religious reasons; other patient reasons
- 3P Performance Measure Exclusion Modifier due to System Reasons: Includes: Resources to perform the services not available; insurance coverage/payor-related limitations; other reasons attributable to health care delivery system
- **2. Performance Measure Reporting Modifier** facilitates reporting a case when the patient is eligible but an action described in a measure is not performed and the reason is not specified or documented.
- 8P Performance Measure Reporting Modifier action not performed, reason not otherwise specified

Utilizing these modifiers on claims submissions for line of business other than Medicare, will result in claim denials.

For further information on usage of the aforementioned modifiers, please visit www.cms.gov

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. - 5:00 p.m. Eastern Time at 1-800-684-9286.

