

CheckPoint: Applying Level II HCPCS Modifiers

1. Portable home oxygen unit - QM - a portable home oxygen unit, which is authorized by provider of services that a patient has to take home with him.
2. Emergency ambulance transport and extended life support services -QN Ambulance service that has been furnished directly by a provider of services that transports a patient upon the request of the provider.
3. Diagnostic mammogram, left breast; -GG show the performance of a screening mammogram on the left breast of a patient.
4. Cortisone 10 mg injection, right shoulder; -RT Right side identifies a procedures that has been performed on the right side of the body.
5. Nonelectric wheelchair; -GY Item or service statutorily excluded or does not meet the definition of being covered by any Medicare benefit.
6. Intravenous catheter line, right arm -RT right arm shows that a procedure has been done on the right side of the body.
7. Laboratory certification, cytology specimens -TC this is a procedure that has to be done on the patient by using technical equipment.
8. Chest X-ray -TC -This procedure is done using the technical equipment that is a technical component owned by the medical facility.
9. Prosthetic hip replacement, left side -LT Left side identifies a procedure that has been performed on the left side of the body.
10. Electric hospital bed -TC Technical component this is equipment that is owned by the medical facility and not covered by Medicare.