



**Re: MODIFIERS**

Dear Provider Partner:

**WHY YOU'RE RECEIVING THIS LETTER**

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to inform contracted providers that we will reimburse for covered, medically necessary services with appropriate modifier use as outlined in our Payment Policy.

**WHAT YOU NEED TO KNOW**

- Covered services and payment are based on the member's benefit plan and provider agreement.
- Modifiers need to be applied to both professional and facility claims beginning July 1, 2021.
- Blue Medicare Advantage claims should currently be submitted according to the Centers for Medicare and Medicaid Services (CMS) Correct Coding requirements.
- Documentation to support the reporting of modifiers is required. Modifiers indicate that a service was altered in some way from the stated descriptor without changing the definition. The American Medical Association (AMA) modifiers are two-digit alpha/numeric codes listed after a procedure or supply code and separated from the code by a hyphen (e.g., 92506-22).
- Please see Payment Policy POL-PP-108 titled Modifiers for additional information. Medical and Payment Policies can be reviewed using the Provider Portal at [Providers.BlueKC.com](http://Providers.BlueKC.com).

**QUESTIONS?**

We value and appreciate you as our partner in providing quality care. If you have questions about any of this information, please call the Blue KC Provider Hotline at 816-395-3929.

Sincerely,

Jill Warren  
DVP, Provider Partnerships & Operations