

January 15, 2025

HPSM To No Longer Recommend Use of Modifier 99

Effective March 1, 2025, the Health Plan of San Mateo (HPSM) will no longer recommend the use of modifier 99 (“multiple modifiers”) on claims submissions. Instead, we strongly encourage providers to list each applicable modifier separately when billing for services that require multiple modifiers.

This preference is accommodated by HPSM’s claims processing system which can intake up to three modifiers per service line. This change is being introduced to promote greater clarity in claims submissions and to help minimize delays or reprocessing caused by erroneous denials.

Billing Guidance: Modifiers are grouped into categories based on their purpose. They should generally be listed in the following order when billing HPSM.

1. Pricing modifiers impacting payment or processing always come first (e.g., -26, -TC, -51, -50).
2. Informational modifiers (e.g., -59, -25).
3. Anatomical modifiers used to provide additional context but don’t typically impact payment (e.g., -RT and -LT).

Example: A procedure involving the following modifiers:

- 26 (professional component)
- 59 (distinct procedure service)
- RT (Right side)

How to list: This procedure would be listed on the service line as 26, 59, RT.

HPSM will continue to accept modifier 99 to maintain flexibility for providers, but we will no longer recommend the use of that modifier. Learn more about claims and modifiers in our HPSM Provider Manual here: <https://www.hpsm.org/provider/resources/manual/claims>

Please reach out to ClaimsInquiries@hpsm.org if you have any questions. Thank you!

The Health Plan of San Mateo