Los Angeles County Department of Mental Health
Quality Assurance Unit – Policy and Technical Development Team

Procedure Code Modifiers

Updated 4/30/20

Modifiers are used to further describe a service and are sometimes displayed as two letters or two numbers after a procedure code (e.g. H2010GT, H201076). Modifiers can be used in many different combinations depending on the service provided. Below are the most common letter modifiers and what they mean:

SC – Telephone Service

GT – Telehealth (use of interactive video and audio telecommunication service)

HQ – Group Setting (sometimes will be seen as HEHQ to signify a group)

HE – Mental Health Service (HE may be used with some HCPCS codes - codes starting with a letter - and along with HQ for groups)

HK – Specialized Mental Health Programs for High-Risk Populations

HX – Funded by court/local agency (for LE providers only)

76 – Duplicate override code (same exact procedure code)

59 – Duplicate override code (same Medi-Cal roll-up code)

Examples:

H2015 – Individual Rehab

H2015SC – Individual Rehab over the telephone

H2015HEHQ – Group Rehab

H2010HE – Individual Medication Support Service

H2010SC – Individual Medication Support Service over the telephone

H2010GT – Individual Medication Support Service using telehealth

H201059 – Individual Medication Support Service duplicate override

Note: The SC and GT modifiers are not needed for any of the non-billable to Medi-Cal Codes.

Duplicate Override Codes

If a claim submitted to DHCS *appears* to be a duplicate service (i.e. the same service mistakenly submitted twice), DHCS will deny the second 'duplicate' service. To prevent such denials, a duplicate override code needs to be added to the second distinct service. For Directly Operated Providers using IBHIS for documentation, the QA Unit Policy and Technical Development Team is responsible for adding the duplicate override codes. For Legal Entity Providers, the duplicate override codes must be submitted on the claim when applicable.

There are two duplicate override codes – 76 and 59.

76 – should be attached to the second distinct service when it matches ALL of the following information from the first service:

- Same client
- Same date of service
- Same exact procedure code
- Same practitioner
- Same program of service
- Same exact duration

Example - 76: A practitioner provides Individual Rehab to Jen Test for 20 minutes and then later in the day, that practitioner provides another Individual Rehab service to Jen Test for 20 minutes. Both of these services, although they are two distinct services, would appear as duplicate services to DHCS. A duplicate override modifier is needed to demonstrate that these are distinct services.

- Claim #1 – procedure code will be H2015
- Claim #2 – procedure code will be H201576

59 – should be attached to the second distinct service when it matches ALL of the following information from the first service:

- Same client
- Same date of service
- Same Medi-Cal roll-up code (refer to IBHIS Addendum Guide to Procedure Codes)
- Same practitioner
- Same program of service
- Same exact duration

Example - 59: A practitioner provides Individual Rehab (H2015) to Jen Test for 20 minutes and then later in the day, that practitioner provides a Collateral (90887) service on behalf of Jen Test for 20 minutes. Because Individual Rehab and Collateral have the same Medi-Cal roll-up code, a duplicate override modifier is needed to demonstrate that these are distinct services.

Claim #1 – H2015

Claim #2 – 9088759

Tip*: Practitioners should always try to enter the specific duration of their service (e.g. 62 minutes) rather than rounding up or down (e.g. 60 minutes.) This can help prevent the need for adding the Duplicate Override Codes.*