**Appendix 1**. Commonly used Modifier codes

Modifiers are used to show that more than one procedure was done or that a procedure was modified in a certain way ([37](#_ENREF_37), [49](#_ENREF_49)). The following examples highlight the use of modifiers:

Modifier 22 – This indicates increased time and complexity. One needs to be very detailed in the documentation (ex. 15 large polyps were removed from the sigmoid colon by snare polypectomy and this necessitated an additional 60 minutes = 45385-22).

Modifier 52 –This indicates reduced services at the discretion of the physician without need to repeat the exam. This modifier is most often used for therapeutic colonoscopy, which does not reach the cecum and/or ileocolonic anastomosis (ex. colonoscopy with dilation of stricture = 43249-52).

Modifier 53 – This shows discontinued service due to extenuating circumstances or threat to patient well-being. This is often used for diagnostic or screening colonoscopy which cannot be completed (i.e. does not reach cecum and/or ileocolonic anastomosis) due to unforeseen circumstances (ex. incomplete diagnostic colonoscopy without biopsies due to poor colon preparation = 45378-53).

Modifier 62 – Two surgeons are involved in a procedure. Each surgeon adds this modifier to his/her procedure code (ex. percutaneous endoscopic gastrostomy (PEG) performed by both GI and surgery specialists (same code for each provider) = 43246-62).

Modifier 63 – Procedure performed in a baby < 4 kg.