



Section: CMS-1500 Claim Form Instructions

2.1 CMS-1500 Billing Modifiers

DOM requires providers to bill current CPT and HCPCS modifiers according to coding guidelines and Administrative Code for the services provided. These modifiers provide the means by which the reporting physician can indicate that a service or procedure that has been performed has been altered by some specific circumstance but has not changed in its definition or code. Some modifiers impact reimbursement, while others are informational.

Modifier TH identifies “obstetrical treatment/services, prenatal and postpartum” and must be reported with each code for antepartum visits, deliveries and postpartum care. The Division of Medicaid will utilize this modifier to track data and to bypass the physician visit limitation of sixteen (16) visits per fiscal year.