

Medi-Cal Override Modifiers

Procedure Modifier descriptions	
Please follow the Sacramento County process of submitting a Claims Correction Spreadsheet if it's appropriate to use one of the following override modifiers when the procedure falls under a lockout situation.	
Procedure Modifier	Definition (See Billing Manuals for full definition of modifiers)
27	Multiple Outpatient Hospital Evaluation and Management (E/M) Encounters on the Same Date when the client is in a lockout situation.
59	Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from services performed on the same day.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter when the client is in a lockout situation.
XP	Separate practitioner, a service that is distinct because it was performed by a separate practitioner when the client is in a lockout situation.
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service when the client is in a lockout situation.

County Billing Team has to add the modifiers at the request from providers. Providers must submit a CCS to request modifiers to be added. It's import to make sure you are requesting modifiers to be added to the correct procedure in the combination. Some procedures in the combination may not allow for modifier. See example below. The procedures in the column labeled Outpatient Overrideable Lockouts with Appropriate Modifiers.

Code	Code Type	Service (Brief Definition) Based on 2022 Rules	Minimum Time Needed to Claim 1 Unit	Minimum Time When Add-On Code or Next Code in Series Can Be Claimed	Can This Code Be Extended with G2212?	Example Calculation	SD/MC Allowable Disciplines	Allowable Place of Service	Outpatient Non-Overrideable Lockout Codes	Outpatient Overrideable Lockouts with Appropriate Modifiers (Override Modifiers for codes with * are: 59, XE, XP or XU. Override Modifiers for codes with ** are: 27, 59, 99212**)	Locked Out Against Inpatient?	Locked Out Against Residential?
90791	Assessment	Psychiatric diagnostic evaluation, 15 minutes	8 Min	23 Min	Yes	If 100 minutes of service time was provided: 100 minutes of service time - 15 minutes primary procedure code = 85 minutes.	CNS, LCSW, LPCC, MD/DO, MFT, NP, PA, PhD/PsyD	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52,	90792, 90832, 90833, 90834, 90836, 90837, 90838, 90847, 90849, 90853, 90865, 90880, 96112, 96113, 96116, 96121	90839*, 90840*, 90867*, 90868*, 90869*, 90870*, 90885*, 90887*, 96127*, 96161*, 99202**, 99203**, 99204**, 99205**, 99212**, 99213**, 99214**, 99215**, 99221**, 99222**, 99223**, 99231**, 99232**, 99233**, 99234**, 99235*, 99236**, 99242**, 99243**	No	Yes
99212	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or explanation and straightforward medical decision making.	10 Min	20 Min	No	If 19 minutes of service time was provided: 19 minutes of service time is within the time range of 10-19 minutes for this code. Therefore, claim 1 unit of 99212.	CNS, MD/DO, NP, PA	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 41, 42, 49, 50, 52, 53, 54, 55, 57, 58, 60, 62, 65, 71, 72, 81, 99	90791, 90792, 90832, 90834, 90837, 90845, 90865, 90880, 99304, 99305, 99306	96116*, 96125*, 96130*, 96132*, 96136*, 96138*, 96146*, 99605**, 99606**	Yes	No

Here are links to the DHCS County Claims Customer Services Library. The DHCS Billing Manuals will give more information on definition and when to use an overrideable modifier

[MedCCC - Library \(ca.gov\)](#)



County Claims Customer Services Library

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CalAIM References and Manuals Effective July 1, 2023

- Short Doyle Medi-Cal Manuals
 - [Specialty Mental Health](#) - Medi-Cal Billing Manual (Revised 1/2024)
 - XXXXXXXXXX
 - [Drug Medi-Cal ODS](#) - Medi-Cal Billing Manual (Revised 6/2023)