

Service Table 9-Supplemental Services Codes

Supplemental Codes are codes that describe additional and simultaneous services that were provided to the beneficiary during the visit or codes that describe the additional severity of the patient’s condition. For example, T1013 indicates that interpretation was provided during the visit while 90785 indicates that certain factors increase the complexity of a patient’s treatment. Supplemental codes cannot be billed independently. They must be billed with a/another (primary) procedure.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: The below outpatient services are locked out against inpatient and 24-hour services except for the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Sign Language or Oral Interpretive Services, 15 Minutes	T1013	All disciplines found in Table 1, including non-licensed practitioners	All except 09	90785	90791-90792 90832-90834 90836-90840 90845 90847 90849 90853 90865 90867-90870 90880 90885 96105 96110 96112-96113 96116 96121 96125 96127 96130-96133 96136-96139 96365-96377 98966-98968 99202-99205 99212-99215 99231-99236 99241-99245 99251-99255 99304-99310 99324-99328	No	Variable	GC HK HL HV HW SC

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: The below outpatient services are locked out against inpatient and 24-hour services except for f the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
					99334-99337 99341-99345 99347-99350 99366-99368 99441-99443 99484 99605-99607 G2212 H0031 H0032 H0033 H0034 H2000 H2011 H2017 H2019 H2021 S5145 T1001 T1017			

* Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.