



PROVIDER *bulletin*

November 24, 2021

Modifier AG

Dear Provider,

The primary surgeon or podiatrist is required to use modifier AG on the only surgical procedure code or the highest valued surgical procedure code (typically within CPT range 10000 thru 69999) being billed for the date of service. Exception: *CPT code 58565 (hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants) must not be billed with modifier AG.* Other codes that are not surgical procedures may be denied if billed with modifier AG.

If you have any questions, please feel free to contact your Provider Relations Representative at 661-664-5000.

Thank you,

Melissa Lopez
Provider Relations Manager
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