

**Applies to:**
**Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

**Public Plans Products**

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RItogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

**Senior Products**

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

This document applies to Tufts Health Plan contracting providers. Modifiers contained in this document may have an impact to claim payment. References to fee schedules are not a guarantee of payment.

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines and accepts all standard modifiers submitted in accordance with the appropriate CPT/HCPCS procedure code(s). Refer to current industry standard coding guidelines for a complete list of modifiers and their usage as well as content-specific payment policies for more information.

The modifiers in the table below directly impact fees and may also have bearing on which fee is applicable. For a complete list of modifiers, refer to the most current CPT/HCPCS guidelines.

**Note:** Modifiers indicated with an asterisk (\*) require additional documentation and/or operative notes to be submitted with the claim supporting the use of the modifier(s).

Modifier	Description	Compensation Impact/Notes
22*	Identifies a procedural service that requires substantially more work than the CPT code describes, and when no other procedure code or add-on codes can describe the service's increased complexity	Supporting documentation is reviewed by a medical director for additional compensation May only be reported with procedure codes that have a global period of 0, 10, or 90 days Do not append to E&M codes
25	Significant, separately identifiable E&M service	50% of Tufts Health Plan fee schedule/allowed amount on the E&M service
26	Professional component	Tufts Health Plan fee schedule/professional component allowed amount
33	Diagnostic/treatment service performed as a preventive service (for which patient cost sharing does not apply)	Tufts Health Plan fee schedule/allowed amount
50	Bilateral procedure	150% of Tufts Health Plan fee schedule/allowed amount
51*	Multiple procedure	50% of Tufts Health Plan fee schedule/allowed amount
52*	Reduced services	50% of Tufts Health Plan fee schedule/allowed amount
53*	Discontinued procedure	25% of Tufts Health Plan fee schedule/allowed amount
54	Surgical care only	80% of Tufts Health Plan fee schedule/allowed amount
55	Postoperative management only	10% of Tufts Health Plan fee schedule/allowed amount
56	Preoperative management only	10% of Tufts Health Plan fee schedule/allowed amount
59* <sup>1</sup>	Distinct procedural service	Tufts Health Plan fee schedule/allowed amount
62*	Two surgeons	62.5% of Tufts Health Plan fee schedule/allowed amount
66	Surgical team	62.5% of Tufts Health Plan fee schedule/allowed amount

<sup>1</sup> Modifier 50 is the only modifier that will have additional impact to compensation when submitted with Modifier 59.

Modifier	Description	Compensation Impact/Notes
73	Discontinued outpatient procedure prior to anesthesia administration	50% of Tufts Health Plan fee schedule/allowed amount
74	Discontinued outpatient procedure after anesthesia administration	70% of Tufts Health Plan fee schedule/allowed amount
78	Unplanned return to the operating/ procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period	70% of Tufts Health Plan fee schedule/allowed amount
80	Assistant surgeon	16% of Tufts Health Plan fee schedule/allowed amount
81	Minimum assistant surgeon	16% of Tufts Health Plan fee schedule/allowed amount
82	Assistant surgeon (when qualified resident surgeon not available)	16% of Tufts Health Plan fee schedule/allowed amount
AA	Anesthesia services performed personally by an anesthesiologist	Tufts Health Plan fee schedule/allowed amount
AD	Medical supervision by a physician, more than four concurrent anesthesia procedures	50% of the Tufts Health Plan fee schedule/allowed amount
AH <sup>23</sup>	Clinical psychologist (PhD, PsyD, EdD)	90% of Tufts Health Plan's applicable physician fee schedule/allowed amount
AJ	Clinical social worker (LICSW, LCSW)	75% of Tufts Health Plan's applicable physician fee schedule/allowed amount
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	14% of Tufts Health Plan fee schedule/allowed amount
HM	Less than bachelor's degree level (LSWA)	65% of Tufts Health Plan's applicable physician fee schedule/allowed amount
HN	Bachelor's degree level (LSW)	65% of Tufts Health Plan's applicable physician fee schedule/allowed amount
HO	Master's degree level (LMHC, LMFT)	75% of Tufts Health Plan's applicable physician fee schedule/allowed amount
HP	Doctoral level (PhD, PsyD, EdD)	90% of Tufts Health Plan's applicable physician fee schedule/allowed amount
JW	Drug amount discarded/not administered to any patient	Tufts Health Plan fee schedule/allowed amount
KH	DME, initial claim, 1st month rental	Tufts Health Plan fee schedule/allowed amount
KI	DME, 2nd and 3rd capped rental months	Tufts Health Plan fee schedule/allowed amount
KJ	DME, 4th-13th capped rental months	75% of Tufts Health Plan fee schedule/allowed amount
KR	Rental item, partial month	Tufts Health Plan fee schedule/rental fee
LL	Lease/rental	Tufts Health Plan fee schedule/rental fee
MS	6-month maintenance and servicing fee	Tufts Health Plan fee schedule/rental fee
RR	Rental equipment	Tufts Health Plan fee schedule/rental fee
QK	Medical direction of 2-4 concurrent anesthesia procedures involving qualified individuals	50% of the Tufts Health Plan fee schedule/allowed amount
QX	CRNA service, with medical direction by a physician	50% of the Tufts Health Plan fee schedule/allowed amount
QY	Medical direction of one CRNA by an anesthesiologist	50% of the Tufts Health Plan fee schedule/allowed amount
SA	NP/PA services rendered in collaboration with a physician (non-surgical)	85% of Tufts Health Plan's applicable physician fee schedule/allowed amount
SL	State-supplied vaccine	0% of Tufts Health Plan fee schedule/allowed amount
SQ <sup>4</sup>	Item ordered by home health	Tufts Health Plan fee schedule/allowed amount. SQ allows the claim to process under the home care benefit without a copayment or benefit maximum
TD	Registered nurse (PCNS, APRN, RNCS)	85% of Tufts Health Plan's applicable physician fee schedule/allowed amount
TE	LPN or LVN	65% of Tufts Health Plan's applicable physician fee schedule/allowed amount

<sup>2</sup> Codes 96101-96103 and 96118-96120 are excluded from modifier logic when billed with modifier AH and HP.

<sup>3</sup> Tufts Health Plan requires provider organization-affiliated psychiatrists to append appropriate modifiers for services provided by a non-M.D. clinician in their office. The modifiers will affect compensation according to clinician type.

<sup>4</sup> SQ modifier is to be used with HCPCS DME code(s) to indicate item ordered for home health services and must be submitted in the primary modifier field. Refer to the DME Payment Policy for additional information.

Modifier	Description	Compensation Impact/Notes
TM	Individualized education program (IEP)	0% of Tufts Health Plan fee schedule/allowed amount
TR	School-based IEP services provided outside the public school district responsible for the student	0% of Tufts Health Plan fee schedule/allowed amount
U2	Medicare/Medicaid Care Level II	Tufts Health Plan fee schedule/allowed amount + 31.4% of fee scheduled amount (assigned by the state of MA to be used for Early Intervention Services)
XE	Distinct service performed during a separate encounter (should only be used to describe separate encounters on the same DOS)	Tufts Health Plan fee schedule/allowed amount
XP	Distinct service performed by a different practitioner	Tufts Health Plan fee schedule/allowed amount
XS	Distinct service performed on a separate organ/structure	Tufts Health Plan fee schedule/allowed amount
XU	Distinct service that does not overlap usual components of the main service	Tufts Health Plan fee schedule/allowed amount

Common modifiers that may affect claims adjudication are included but not limited to those contained in the table below. The absence or presence of a given modifier may result in a claim denial.

Modifier	Description
BO	Orally administered nutrition, not by feeding tube
CR	Catastrophe/disaster
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GN	Services delivered under an outpatient speech therapy plan of care
24	Unrelated E&M service by the same physician during a post-operative period
57	Decision for surgery
58	Staged or related procedure or service by the same physician during the postoperative period
76	Repeat procedure by the same physician
77	Repeat procedure by another physician
79	Unrelated procedure or service by the same physician during the post-operative period
90	Reference (Outside) laboratory

## Additional Resources

- [Modifiers Payment Policy](#)
- [Drugs and Biologicals Payment Policy](#)
- [Durable Medical Equipment \(DME\) and Medical Supplies Payment Policy](#)
- [Imaging Services Payment Policy](#)

## Document History

- November 2024: Annual policy review; administrative updates
- December 2023: Annual policy review; administrative updates
- May 2023: Added modifiers TM and TR to modifier table with 0% reimbursement amount, effective for DOS on or after July 1, 2023
- January 2023: Updated reimbursement for modifiers 52, 53, and AS effective for DOS beginning January 1, 2023
- May 2021: Clarified existing definition for modifier SA to include physician assistants
- March 2021: Updated effective date for changes to modifier reimbursement process to dates of service on or after March 28, 2021
- March 2021: Added changes to modifier reimbursement process for dates of service on or after March 21, 2021
- June 2018: Template updates; moved content-specific modifiers to their respective payment policies

## Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the

provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.