

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 Public Plans 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 Public Plans follows industry-standard 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. Modifier use is subject to change based on changes to industry standards.

The modifiers in the table below directly impact fees. These modifiers 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 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	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
50	Bilateral procedure	150% of Tufts Health Plan fee schedule/allowed amount
51	Multiple procedures performed on the same member during the same operative session or on the same day	50% of Tufts Health Plan fee schedule/allowed amount
52	Partially reduced or eliminated services	50% of the Tufts Health Plan fee schedule/allowed amount
53	Discontinued procedure	50% of the Tufts Health Plan fee schedule/allowed amount
54	Surgical care only	85% of Tufts Health Plan fee schedule/allowed amount
55	Postoperative management only	15% of Tufts Health Plan fee schedule/allowed amount
56	Preoperative management only	15% of Tufts Health Plan fee schedule/allowed amount
59* ¹	Distinct procedural service	50% of Tufts Health Plan fee schedule/allowed amount
62* ²	Two surgeons	62.5% of Tufts Health Plan fee schedule/allowed amount
80*	Assistant surgeon	15% of Tufts Health Plan fee schedule/allowed amount

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

² When two surgeons are required to perform a specific procedure, each surgeon must file a claim for the procedure with Modifier 62. In separate operative reports, each surgeon must document his or her level of involvement and include a copy of the operative note when reporting the service.

Modifier	Description	Compensation Impact/Notes
81*	Minimum assistant surgeon	15% of Tufts Health Plan fee schedule/allowed amount
82*	Assistant surgeon (when qualified resident surgeon not available)	15% of Tufts Health Plan fee schedule/allowed amount
AH	Clinical psychologist (PhD, PsyD, EdD)	100% of Tufts Health Plan fee schedule/allowed amount
AJ	Clinical social worker (LICSW, LCSW)	75% of Tufts Health Plan fee schedule/allowed amount
AS*	PA services for assistant surgeon	15% of Tufts Health Plan fee schedule/allowed amount
EP	Service provided as part of Medicaid EPSDT program	0% (informational only)
HM	Less than bachelor's degree level (LSWA)	0% (informational only)
HN	Bachelor's degree level (LSW)	0% (informational only)
HO	Master's degree level (LMHC, LMFT)	75% fee schedule/allowed amount
HP	Doctoral level (PhD, PsyD, EdD)	100% fee schedule/allowed amount
QK	Medical direction of 2-4 concurrent anesthesia procedures involving qualified individuals	50% of Tufts Health Plan fee schedule/allowed amount
QX	CRNA service with medical direction by a physician	50% of Tufts Health Plan fee schedule/allowed amount
QY	Medical direction of one CRNA by an anesthesiologist	50% of Tufts Health Plan fee schedule/allowed amount
SA	NP/PA services rendered in collaboration with a physician (non-surgical)	85% of Tufts Health Plan fee schedule/allowed amount
TD	Registered nurse (PCNS, APRN, RNCS)	0% (informational only)
TE	LPN or LVN	0% (informational only)
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
TV	Special payment rates, holidays/weekends	MassHealth reimbursement rate; to be billed for continuous skilled nursing services
UE	Used durable medical equipment	75% of Tufts Health Plan fee schedule/allowed amount
XE	Distinct service performed during a separate encounter (should only be used to describe separate encounters on the same DOS)	50% of Tufts Health Plan fee schedule/allowed amount
XP	Distinct service performed by a different practitioner	50% of Tufts Health Plan fee schedule/allowed amount
XS	Distinct service performed on a separate organ/structure	50% of Tufts Health Plan fee schedule/allowed amount
XU	Distinct service that does not overlap usual components of the main service	50% of 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
TC	Technical component
24	Unrelated E&M service by the same physician during a postoperative period
26	Professional component
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 postoperative period
90	Reference (outside) laboratory

Document History

- December 2024: Added modifier TV for continuous skilled nursing services provided on nights, weekends, or holidays

- November 2024: Annual policy review; clarified modifier SA reimbursement amount
- December 2023: Annual policy review; no changes
- August 2023: Added modifiers XE, XP, XS, XU with current 50% reimbursement
- May 2023: Added modifiers TM and TR to modifier table with 0% reimbursement amount, effective for DOS on or after July 1, 2023
- November 2021: Updated modifier EP compensation impact, effective for dates of service on or after November 1, 2021
- September 2021: Added modifiers 52 and 53 to compensation reduction table, effective for dates of service on or after November 1, 2021
- May 2021: Clarified existing definition for modifier SA to include physician assistants
- July 2020: Added existing provider-specific behavioral health modifiers
- March 2020: Added existing documentation for modifier 22
- February 2020: Added existing documentation requirements for modifiers 62, 80, 81, 82, AS
- October 2019: Added existing compensation rate for modifier 50
- May 2019: Document created

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.