Modifiers Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to providers who render services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

Modifiers provide a means to report or indicate a service or procedure that can be altered by a specific circumstance without changing the procedure code. Modifiers are used to increase accuracy in compensation, coding consistency, editing and to capture payment data.

CarePartners of Connecticut follows AMA CPT/HCPCS coding guidelines and accepts all standard AMA CPT/HCPCS modifiers submitted in accordance with the appropriate CPT/HCPCS procedure code(s). Certain modifiers, when submitted appropriately, may impact compensation.

CarePartners of Connecticut accepts the submission of multiple modifiers and recognizes industry-standard modifiers in all four modifier fields for all aspects of claims processing, including compensation. When submitting multiple modifiers, the sequence of modifiers does not impact compensation for claims. 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. In the instances when a modifier is submitted incorrectly with the procedure code, CarePartners of Connecticut will deny the claim line for incorrect use of a modifier.

Note: The absence or presence of the appropriate modifier does not guarantee payment.

Providers should only bill globally when they have performed both the PC/TC components in an office setting. Global services should be submitted on one claim line without appending any modifiers.

Billing Instructions

Below are examples of modifiers that differ from AMA CPT coding standards. Refer to the applicable content-specific payment policies for more information on the correct use of these modifiers.

Modifier 59 (including Subsets XE, XP, XS, XU)

Modifier 59 is used to identify procedural services that are not normally reported together but are appropriate under certain circumstances. CMS established modifiers XE, XP, XS and XU to define subsets of modifier 59 and to provide greater reporting specificity in situations where modifier 59 was previously reported and may be used in lieu of modifier 59 whenever possible. For more information, refer to CMS.

The compensation impact applied to modifier 59 is also applied to modifiers XE, XP, XS and XU. Refer to the modifier tables for Refer to the modifier table for specific compensation information. All claims must be submitted with clear documentation of the appropriateness and medical necessity of the separate, distinct procedure. Payment for a distinct procedure is subject to medical necessity review.

CarePartners of Connecticut will consider compensating a claim billed with modifier 59 when the distinct procedure meets criteria including but not limited to:

- Different session or patient encounter, procedure or anatomical site/organ system
- Separate incision/excision, lesion or injury (or area of injury in extensive injuries)

Modifier Table

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
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
26	Professional component	CarePartners of Connecticut fee schedule/ professional component allowed amount
33	To identify a preventive service for which patient cost sharing does not apply. Append to a CPT code that is a diagnostic/treatment service being performed as a preventive service.	CarePartners of Connecticut fee schedule/allowed amount
50	Bilateral procedure	150% of CarePartners of Connecticut fee schedule/allowed amount
51*	Multiple procedure	50% of CarePartners of Connecticut fee schedule/allowed amount
52*	Reduced services	50% of CarePartners of Connecticut fee schedule/allowed amount
53*	Discontinued procedure	50% of CarePartners of Connecticut fee schedule/allowed amount
54	Surgical care only	80% of CarePartners of Connecticut fee schedule/allowed amount
55	Postoperative management only	20% of CarePartners of Connecticut fee schedule/allowed amount
56	Preoperative management only	10% of CarePartners of Connecticut fee schedule/allowed amount
59*[1]	Distinct procedural service	CarePartners of Connecticut fee schedule/allowed amount
62*	Two surgeons	62.5% of CarePartners of Connecticut fee schedule/allowed amount
66	Surgical team	62.5% of CarePartners of Connecticut fee schedule/allowed amount
73	Discontinued outpatient procedure prior to Anesthesia administration	62.5% of CarePartners of Connecticut fee schedule/allowed amount
74	Discontinued outpatient procedure after Anesthesia administration	100% of CarePartners of Connecticut 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	80% of CarePartners of Connecticut fee schedule/allowed amount
80	Assistant surgeon	16% of CarePartners of Connecticut fee schedule/allowed amount
81	Minimum assistant surgeon	16% of CarePartners of Connecticut fee schedule/allowed amount
82	Assistant surgeon (when qualified resident surgeon not available)	16% of CarePartners of Connecticut fee schedule/allowed amount
AH[2,3]	Clinical psychologist (PhD, PsyD, EdD)	CarePartners of Connecticut fee schedule/allowed amount
AJ	Clinical social worker (LICSW, LCSW)	CarePartners of Connecticut fee schedule/allowed amount
AM	Physician team member service	85% of CarePartners of Connecticut fee schedule/allowed amount
AS	PA services for assistant surgeon	16% of CarePartners of Connecticut fee schedule/allowed amount
HP	Doctoral level (PhD, PsyD, EdD)	CarePartners of Connecticut fee schedule/allowed amount
JW	Drug amount discarded/not administered to any patient	CarePartners of Connecticut fee schedule/allowed amount
JZ	Zero drug amount discarded/not administered to any patient	CarePartners of Connecticut fee schedule/allowed amount
KH	DME, initial claim, first-month rental	CarePartners of Connecticut fee schedule/allowed amount
KI	DME, second and third capped rental months	CarePartners of Connecticut fee schedule/allowed amount
KJ	DME, fourth to 13th capped rental months	75% of CarePartners of Connecticut fee schedule/allowed amount
KR	Rental item, partial month	CarePartners of Connecticut fee schedule/Rental fee

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

[2] Psychological and neuropsychological testing codes are excluded from the modifier logic when billed with modifier AH and HP. Refer to the Outpatient BH/SUD Professional Payment Policy for additional information.

[3] CarePartners of Connecticut 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.

Modifier	Description	Compensation Impact
LL	Lease/rental	CarePartners of Connecticut fee schedule/Rental fee
MS	6-month maintenance and servicing fee	CarePartners of Connecticut fee schedule/Rental fee
RR	Rental equipment	CarePartners of Connecticut fee schedule/Rental fee
QK	Medical direction of 2-4 concurrent anesthesia procedures involving qualified individuals	50% of the CarePartners of Connecticut fee schedule/allowed amount
QX	CRNA service, with medical direction by a physician	50% of the CarePartners of Connecticut fee schedule/allowed amount
QY	Medical direction of one CRNA by an anesthesiologist	50% of the CarePartners of Connecticut fee schedule/allowed amount
SA	NP/PA services rendered in collaboration with a physician (non-surgical)	85% of CarePartners of Connecticut's applicable physician fee schedule/allowed amount
SL	State-supplied vaccine	0% of CarePartners of Connecticut fee schedule/allowed amount
SQ	Item ordered by home health	CarePartners of Connecticut fee schedule/allowed amount
TC	Technical component	CarePartners of Connecticut fee schedule/technical component allowed amount
TD	Registered nurse (PCNS, APRN, RNCS)	CarePartners of Connecticut fee schedule/allowed amount
TE	LPN or LVN	CarePartners of Connecticut fee schedule/allowed amount
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter (this modifier should only be used to describe separate encounters on the same date of service.)	CarePartners of Connecticut fee schedule/allowed amount
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner	CarePartners of Connecticut fee schedule/allowed amount
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure	CarePartners of Connecticut fee schedule/allowed amount
XU	Unusual nonoverlapping service, the use of a service that is distinct because it does not overlap usual components of the main service	CarePartners of Connecticut fee schedule/allowed amount

Compensation/Reimbursement Information

CarePartners of Connecticut does not routinely compensate for diagnostic tests and radiology services having a professional component performed in a home, assisted living facility, nursing facility or skilled nursing facility if billed without modifier 26 to indicate the professional component and transportation of portable x-ray equipment (R0070-R0075) is not also submitted.

Note: CarePartners of Connecticut does not reimburse the following:

- procedure codes with a PC/TC Indicator of 9 since the concept of PC/TC does not apply
- procedures defined as requiring an anatomical modifier when billed without an associated anatomical modifier
- services reported by a professional provider that are billed without modifiers 52 or 53 if the same code is billed for the same DOS by an outpatient facility with modifiers 73 or 74.

Document History

- December 2025: Annual policy review; added modifier table; administrative updates
- November 2024: Annual policy review; No changes
- December 2023: Annual policy review; administrative edits
- January 2021: Added edit for anatomical modifiers, effective for dates of service on or after April 1, 2021
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2019: Removed information regarding modifier 25
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. 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. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.