

# 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. Refer to the [modifier table](#) for a list of modifiers that directly impact claim payment as well as commonly used modifiers that may affect claims adjudication.

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)

## 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 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. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

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.