

Modifier Tables

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

This document applies to providers who render services to members of the CarePartners of Connecticut plans selected above. Modifiers contained in this document may have an impact to claim payment. References to fee schedules are not a guarantee of payment.

CarePartners of Connecticut 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.

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: <ul style="list-style-type: none"> • 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

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

Modifier	Description	Compensation Impact
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
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

Common modifiers that may affect claims payment and/or processing 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 postoperative period

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
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

Additional Resources

- [Durable Medical Equipment \(DME\) and Medical Supplies Payment Policy](#)
- [Drugs and Biologicals Payment Policy](#)
- [Imaging Services Professional Payment Policy](#)
- [Modifier Payment Policy](#)
- [Outpatient BH/SUD Professional payment Policy](#)

Document History

- December 2024: Annual review; no changes
- December 2023: Annual review; Added modifier JZ, effective for DOS on or after July 1, 2023
- May 2021: Clarified existing definition for modifier SA to include physician assistants
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- June 2020: Clarified compensation amount for modifier 59
- May 2019: Removed information regarding modifier 25
- January 2019: Table 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.