Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Modifiers

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)

Modifier Table

The presence or absence of the following modifiers may affect claims payment or may result in a claim denial. For a complete list of modifiers, refer to your CPT and HCPCS coding guideline manuals.

Point32Health accepts up to four modifiers per line.

Coding

Modifier	Description	Reimbursement Impact
22	Unusual procedural services	• May only be reported with procedure codes that have a global period of 0, 10, or 90 days • Do not append to E&M services **Harvard Pilgrim Health Care** • Antepartum E&M visits due to pregnancy complications that exceed the typical care when billed with the global obstetrical code following delivery. Refer to the Obstetrics/Gynecology Payment Policy. • For other services after appropriate use of modifier is validated, an additional 20% of the allowable amount **Tufts Health Plan** • Supporting documentation may be reviewed for additional compensation
23	Unusual anesthesia	Modifier use will not impact reimbursement
24	Unrelated E&M service by the same physician during a postoperative period	Modifier use will not impact reimbursement
25	Significant, separately identifiable E&M service by the same physician on the same day of the procedure or service	Refer to the Evaluation and Management Payment Policy for specific details
26	Professional component	Based on fee schedule/allowable amount
27	Multiple outpatient hospital E&M encounters on the same date	Modifier use will not impact reimbursement
32	Mandated services	Modifier use will not impact reimbursement

Modifier	Description	Reimbursement Impact
47	Anesthesia by surgeons	No additional reimbursement is allowed for anesthesia by a surgeon, assistant surgeon, nursing staff or any other non-anesthesiologist professional during a procedure
50	Bilateral procedure	Reimbursed at 150% of the fee schedule/allowable amount. Refer to the General Coding and Claims Editing Payment Policy
51	Multiple procedures	Primary procedure is reimbursed at 100% of the fee schedule/allowable amount, subsequent procedures may be reimbursed at 50% of the fee schedule/allowable amount
52	Reduced services	Reimbursed at 50% of the fee schedule/allowable amount
53	Discontinued procedure	**Commercial Products** Reimbursed at 25% of the fee schedule/allowable amount **Public Plans and Senior Products** Reimbursed at 50% of the fee schedule/allowable amount
54	Surgical care only	**Commercial and Senior Products** Reimbursed at 80% of the fee schedule/allowable amount **Public Plans Products** Reimbursed at 85% of the fee schedule/allowable amount
55	Postoperative management only	**Commercial Products** Reimbursed at 10% of the fee schedule/allowable amount **Public Plans Products** Reimbursed at 15% of the fee schedule/allowable amount **Senior Products** Reimbursed at 20% of the fee schedule/allowable amount
56	Preoperative management only	**Commercial and Senior Products** Reimbursed at 10% of the fee schedule/allowable amount **Public Plans Products** Reimbursed at 15% of the fee schedule/allowable amount
57	Decision for surgery	Modifier use will not impact reimbursement
58	Staged or related procedure or service by the same physician during postoperative period	Modifier use will not impact reimbursement
59	Distinct procedural service XE- Separate Encounter XP- Separate Practitioner XS- Separate Organ/Structure XU- Unusual Separate Service	**Commercial Products** After appropriate use of modifier is validated, claims submitted with operative/medical notes will be reviewed to determine whether the procedure code is distinct or independent from other services: • First time claim submission can be submitted on paper with operative notes for consideration (this is not applicable to all claim types) • Denied claims may be appealed with operative notes for consideration **Public Plans Products** Reimbursed at 50% of the fee schedule/allowable amount **Senior Products** Modifier use will not impact reimbursement
62	Two surgeons	Reimbursed at 62.5% of the fee schedule/allowable amount
66	Surgical team	**Commercial Products** A determination will be made regarding reimbursement after individual consideration and review of operative notes **Public Plans Products**

Modifier	Description	Reimbursement Impact
		Modifier use will not impact reimbursement **Senior Products** Reimbursed at 62.5% of the fee schedule/allowable amount
73	Discontinued outpatient procedure prior to anesthesia administration	**Commercial Products** Reimbursed at 50% of the fee schedule/allowable amount **Public Plans** Modifier use will not impact reimbursement **Senior Products** Reimbursed at 62.5% of the fee schedule/allowable amount
74	Discontinued outpatient procedure after anesthesia administration	**Commercial Products** Reimbursed at 70% of the fee schedule/allowable amount **Public Plans** Modifier use will not impact reimbursement **Senior Products** Modifier use will not impact reimbursement
76	Repeat procedure by the same physician	Modifier use will not impact reimbursement
77	Repeat procedure by another physician	Modifier use will not impact reimbursement
78	Return to the operating room for a related procedure during the postoperative period	**Commercial Products** Reimburse at 70% of the fee schedule/allowable amount **Public Plans Products** Modifier use will not impact reimbursement **Senior Products** Reimbursed at 80% of the fee schedule/allowable amount
79	Unrelated procedures or service by the same physician during the postoperative period	Modifier use will not impact reimbursement
80	Assistant surgeon	**Commercial and Senior Products** Reimbursed at 16% of the fee schedule/allowable amount **Public Plans** Reimbursed at 15% of the fee schedule/allowable amount
81	Minimum assistant surgeon	**Commercial and Senior Products** Reimbursed at 16% of the fee schedule/allowable amount **Public Plans** Reimbursed at 15% of the fee schedule/allowable amount
82	Assistant surgeon (when qualified resident surgeon not available)	**Commercial and Senior Products** Reimbursed at 16% of the fee schedule/allowable amount **Public Plans** Reimbursed at 15% of the fee schedule/allowable amount
AS	Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery	**Commercial Products** Reimbursed at 14% of the fee schedule/allowable amount **Public Plans Products** Reimbursed at 15% of the fee schedule/allowable amount **Senior Products** Reimbursed at 16% of the fee schedule/allowable amount
SA	Nurse practitioner rendering service in collaboration with a physician	Reimbursed at 85% of the fee schedule/allowable amount

Related Policies and Resources

Payment Policies

- Ambulance and Transportation Services
- Anesthesia
- Behavioral Health and Substance Use Disorder
- Durable Medical Equipment
- Early Intervention
- General Coding and Claims Editing
- Obstetrics/Gynecology
- Oral Surgery
- Physical, Occupational, and Speech Therapy
- Radiology
- Surgery

Publication History

12/1/2025: Policy moved to new template; includes all lines of business

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.