PURPOSE:

Modifier 52: Reduced Services

Modifier 52 is used to report a service or procedure that is performed at a reduced level from what is specified by the code descriptor. When a physician does not complete a procedure in its entirety, or elects to partially reduce or discontinue the procedure for reasons other than the patient's well-being being threatened, the procedure must be billed by appending modifier 52. Please refer to CPT coding guidelines for more specific information on the reporting of modifier 52.

Modifier 53: Discontinued Procedure

In certain instances a physician may decide to terminate a procedure due to extenuating circumstances, such as if the well-being of the patient is threatened, making it necessary to indicate that the surgical or diagnostic procedure was started but discontinued. This circumstance must be reported by appending modifier 53 to the code reported by the physician for the discontinued procedure. Please refer to CPT coding guidelines for more specific information on the reporting of modifier 53.

Note: Modifier 50 may not be submitted in combination with modifiers 52, 53, or 73 on the same line item for discontinued bilateral services. If the procedure is discontinued, only a unilateral procedure may be reported as discontinued.

REIMBURSEMENT GUIDELINES:
The Plan will reimburse approved service lines reporting modifier 52 at 67% of the allowance.

The Plan will reimburse approved service lines reporting modifier 53 at 50% of the allowance.

POLICY UPDATE HISTORY INFORMATION:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>8 / 2016</td>
<td>Implementation</td>
</tr>
<tr>
<td>7 / 2019</td>
<td>Added note for discontinued bilateral services</td>
</tr>
</tbody>
</table>
HISTORY

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.

Highmark Reimbursement Policy Bulletin

Bulletin Number: RP-004
Subject: Modifiers 52 and 53
Effective Date: August 1, 2016
End Date: 
Issue Date: December 1, 2017
Source: Reimbursement Policy

Applicable Commercial Market
PA ☒ WV ☒ DE ☒

Applicable Medicare Advantage Market
PA ☐ WV ☐

Applicable Claim Type
UB ☐ 1500 ☒

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

PURPOSE:

Modifier-52: Reduced Services

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