BlueCross BlueShield of North Carolina MEDICARE

Reimbursement Policy	
Subject: **Reimbursement for Reduced and Discontinued Services**	
Policy Number: **G-10033**	Policy Section: **Coding**
Last Approval Date: **11/18/2021**	Effective Date: **11/18/2021**

**** Visit our provider website for the most current version of the reimbursement policies. If you aare using a printed version of this policy, please verify the information by going to **https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + Medicare℠ (HMO-POS D-SNP) member's benefit plan.

The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows reimbursement to professional providers and facilities for reduced or discontinued services when appended with the appropriate modifier unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

If the reduced or discontinued procedure is performed with an assistant surgeon or in conjunction with multiple surgeries, assistant surgeon and/or multiple procedure rules and fee reductions apply. We reserve the right to perform post-payment review of claims submitted with Modifiers 52, 53, 73, and 74.

[Related Coding		
Code	**Description**	**Comments**
Modifier 52	Reimbursement is reduced to 50% of the applicable fee schedule or contracted/negotiated rate.	Do not report Modifier 52 on time-based Evaluation & Management (E&M) and consultation codes.
Modifier 53	Reimbursement is reduced to 50% of the applicable fee schedule or contracted/negotiated rate.	Modifier 53 is not applicable for facility billing and is not valid when billed on time-based E&M codes.
Modifier 73	Reimbursement is reduced to 50% of the applicable fee schedule or contracted/negotiated rate.	Modifier 73 is not applicable for professional provider billing.
Modifier 74	Reimbursement is 100% of the applicable fee schedule or contracted/negotiated rate.	Modifier 74 is not applicable for professional provider billing.

Policy History	
11/18/2021	Biennial review approved; updated policy template, moved definitions to Definitions section
01/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS

- State Medicaid
- State contracts
- Optum 360 Encoder Pro 2021

Definitions	
Modifier 52: Reduced Services	Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).
Modifier 53: Discontinued Procedure	Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).
Modifier 73: Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s), or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.
Modifier 74: Discontinued	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia: Due to extenuating

Outpatient Hospital/Ambulatory Surgery	circumstances or those that threaten the well being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), or general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.
General Reimbursement Policy Definitions	

Related Policies and Materials
Assistant at Surgery (Modifiers 80/81/82/AS)
Modifier Usage
Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Assistant at Surgery (Modifiers 80/81/82/AS)
Modifier Usage