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Payment Policy ID Number: 10-031

Original Effective Date: 07/01/2020

Revised: 04/13/2023

Reduced Services

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DESCRIPTION:

As defined in the Current Procedural Terminology (CPT®) book, a reduced service is where a service or procedure is partially reduced or eliminated at the discretion of the physician or other healthcare professional

REIMBURSEMENT INFORMATION:

It is at the physician's discretion to partially reduce or eliminate a service or procedure. 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.

Reimbursement of Modifier 52 is 50% of the usual allowable amount. Multiple procedure reductions may also apply.

It is not appropriate to use Modifier 52 if a portion of the intended procedure was completed and a code exists which represents the completed portion of the intended procedure.

If Modifier 52 was not reported when indicated by post payment clinical records review, Truli for Health will apply appropriate edit and adjust payment consistent with this policy.

For procedures that were started but discontinued before completion due to extenuating circumstances or those that threaten the well-being of the patient, see the Discontinued Procedure Policy (10-032) describing the use of Modifier 53.

BILLING/CODING INFORMATION:

Modifier Codes:

52	Reduced Services
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RELATED PAYMENT POLICIES:

Discontinued Procedure 10-032
Multiple Surgical Procedure Reduction (Including Multiple Endoscopic Procedure Reduction) 10-026

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®). Professional Edition
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

GUIDELINE UPDATE INFORMATION

04/14/22	Annual Review – no changes
04/13/23	Annual Review – Reverences reviewed and updated.

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