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Payment Policy ID Number: 10-032

Original Effective Date: 07/01/2020

Revised: 04/13/2023

Discontinued Procedure

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DESCRIPTION:

The term discontinued procedure designates a surgical or diagnostic procedure provided by a physician or other health care professional that was less than usually required for the procedure as defined in the Current Procedural Terminology (CPT®) book. Discontinued procedures are reported by appending Modifier 53.

Modifier 53 is used when a procedure was started but was discontinued before completion due to extenuating circumstances or those that threaten the well-being of the patient.

REIMBURSEMENT INFORMATION:

Reimbursement of discontinued procedures with Modifier 53 is 50% of the allowable amount for the primary unmodified procedure. Multiple procedure reductions may also apply.

If, based on post payment clinical records review, Modifier 53 was not reported when indicated, Truli for Health will apply the appropriate edit and adjust payment consistent with this policy.

Exception: For procedure codes 44388, 45378, G0105, & G0121, Centers for Medicare and Medicaid Services (CMS) publishes relative values (RVUs) for Modifier 53. Therefore, the allowance for these procedures will be based on the RVU rate via the fee schedule and an additional 50% reduction is not applied.

Modifier 53 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 procedures that are partially reduced or eliminated at the physician's direction, see the Reduced Services Policy (10-031) describing the use of Modifier 52.

BILLING/CODING INFORMATION:

According to the CMS and CPT® coding guidelines, Modifier 53 should be used with surgical codes or medical diagnostic codes.

Modifiers Codes:

53	Discontinued Procedure

RELATED PAYMENT POLICIES:

Multiple Surgical Procedure Reduction (Including Multiple Endoscopic Procedure Reduction) 10-026
Reduced Services 10-031

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®)*.
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
3. Centers of Medicare and Medicaid Services (CMS): Medicare Claims Processing Manual, Publication 100-4, Chapter 18 - Preventive and Screening Services, Section 60.2.A2 Colonoscopy Cannot be Completed Because of Extenuating Circumstances and Chapter 23 - Fee Schedule Administration and Coding Requirements https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf

GUIDELINE UPDATE INFORMATION

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

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