

# -53 Discontinued Procedure Modifier

Last Reviewed 3/22/2024

The -53 Discontinued Procedure modifier indicates that, due to extenuating circumstances or those that threaten the well-being of the patient, the physician elected to discontinue the surgical or diagnostic procedure.

## **Product Information**

The information outlined below applies to all UCare products. Product specific information is outlined below.

## **Payment Information**

UCare Medicare Advantage, Dual Eligible State Public Programs when Medicare is the Primary Payer and UCare Commercial Products

- When the -53 modifier is appended to an eligible professional service the UCare allowed amount will be reduced by 50%.
- While it is not required to submit documentation with the claim, supporting documentation must be made available upon request.
- UCare follows Medicare payment guidelines related to screening and diagnostic colonoscopy procedures as outlined in the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 12, Section 30.1.B and Chapter 18, Section 60.2.A.2. UCare has allowed amounts in place for these procedure codes when they are submitted with the -53 modifier.

#### MHCP (When MHCP is the primary payer for the service)

• When the -53 modifier is appended to an eligible service the UCare allowed amount will be reduced by 50%.

## **Appropriate Use**

- Following induction of anesthesia, the -53 modifier should be used to indicate the surgical or diagnostic procedure was discontinued.
- Append the -53 modifier to the procedure that was performed.

#### Inappropriate Use

- To report the elective cancellation of a surgical or diagnostic procedure.
- When the surgical or diagnostic procedure is discontinued prior to the induction of anesthesia.
- To indicate the surgical procedure was reduced. In this situation, the -52 Reduced Services modifier should be used.



- When submitting Evaluation and Management Services.
- When submitting time based services (e.g., critical care)
- By outpatient facilities to report a discontinued procedure.

## Additional Links

<u>Centers for Medicare & Medicaid Services (CMS) Internet Only Manual (IOM), Publication 100-04,</u> <u>Medicare Claims Processing Manual, Chapter 12, Section 30.1</u>

CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 60.2

#### Disclaimer

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