
-53 Discontinued Procedure Modifier

Last Reviewed 11/3/2021

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. There is a difference in the payment methodology for UCare's Medicare and Commercial vs. MHCP 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.
- Submit the -53 modifier in the first modifier field position.
- 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

Examples of the appropriate use of the -53 Discontinued Procedure modifier includes, but is not limited to:

- 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

The -53 modifier should not be used:

- 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. Facilities reporting a discontinued outpatient procedure should use modifier -73 or -74.

Additional Links

Disclaimer

The disclaimer published on the modifier table applies to the modifier table and all UCare's published attachments including this document.