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**PAYMENT POLICY ID NUMBER:** 10-032

**Original Effective Date**: 06/29/2010

**Revised:** 04/10/2025

# Discontinued Procedure

**THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.**

## 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.

This policy applies to billing for services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

## 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, Florida Blue 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 AND CODING:**

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:**

| | |
|---|---|
| 06/29/2010 | New Policy |
| 05/31/2012 | Revision – changed name from BCBSFL to Florida Blue |
| 04/15/2016 | Routine policy review; references updated |
| 04/13/2017 | Annual Review |
| 04/12/2018 | Annual Review |
| 04/11/2019 | Annual Review |
| 04/09/2020 | Annual Review |
| 04/15/2021 | Annual Review; references updated |
| 04/14/2022 | Annual Review – no changes |
| 04/13/2023 | Annual Review – References reviewed and updated. |
| 04/11/2024 | Annual Review – References reviewed and updated. |
| 04/10/2025 | Annual Review – Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. References reviewed and updated. |

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