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**PAYMENT POLICY ID NUMBER:** 10-031

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

**Revised:** 04/10/2025

## Reduced Services

**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:

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.

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:

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, Florida Blue will apply the 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 AND CODING:**

**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:**

06/29/2010	New Policy approved by the Florida Blue Payment Policy Committee
08/21/2012	Revised – changed from BCBSFL to Florida Blue
04/15/2016	Routine policy review - references update
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 – Statement added to “Reimbursement Information” section regarding the Discontinued Procedure policy
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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