	Reimbursement Policy

Subject: Reimbursement for Reduced and Discontinued Services

Effective Date: **12/09/12**	Committee Approval Obtained: **10/31/19**	Section: **Coding**

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://providers.healthybluela.com**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Healthy Blue allows reimbursement to professional providers and facilities for reduced or discontinued services when appended with the appropriate modifier unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. The following modifiers can be appended for reduced and discontinued services, if applicable: • **Modifier 52:** indicates surgical procedures for which services performed are partially reduced or eliminated; reimbursement is lower of billed changes or 75% of the fee schedule or contracted/negotiated rate; do not report Modifier 52 on Evaluation & Management (E&M) and consultation codes

	• **Modifier 53**: indicates the physician elected to terminate a surgical or diagnostic procedure due to extenuating circumstances or that threatened the well-being of the patient; reimbursement is 50% of the facility fee or billed charges, whichever is lower, by Free Standing Birthing Centers when the recipient is transferred prior to delivery This policy does not apply to Modifiers 73 or 74.
History	• Biennial review approved **10/31/19**: Modifier 52 description updated for clarity • Effective **09/01/17**: Policy template updated • Initial policy approval and effective date**12/09/12**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State Contracts • Optum 360, 2019 Edition
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Assistant at Surgery (Modifiers 80/81/82/AS) • Modifier Usage • Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Related Materials	• None