

REDUCED SERVICES

File Name: reduced_services

Origination: 6/2022

Last Review: 12/2022

Next Review: 12/2023

Description

Per the Current Procedural Terminology (CPT®) book, under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Indicate the reduction or elimination of services using Modifier 52 (reduced services).

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reduce payment by 50% when services were reduced, as indicated by modifier 52.

Reimbursement Guidelines

Services submitted with a 52 modifier will receive 50% of the allowed reimbursement.

Multiple procedure reductions will still apply to services submitted with a 52 modifier.

Modifier 52 is not appropriate for the following services:

- Evaluation and management (E/M) services
- Elective cancellation of a service prior to anesthesia induction, (IV) conscious sedation, and/or surgical preparation in the operating suite.
- A portion of the procedure was completed, and an existing code represents the completed portion of the intended procedure.

Rationale

In alignment with CMS and correct coding initiatives, Blue Cross NC will reduce reimbursement for services filed with modifier 52.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.

CPT® Code / Modifier	Description
Modifier 52	Reduced Services



Related policy

[Modifier Guidelines](#)

[Discontinued Procedures](#)

References

American Medical Association, Current Procedural Terminology (CPT®)

Medicare Claims Processing Manual [CMS Chapter 12](#)

History

9/1/2022	New policy developed. Medical Director approved. Notification on 6/30/2022 for effective date 9/1/2022. (eel)
12/31/2022	Routine policy review. Minor revisions only. (ckb)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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