



## DISCONTINUED PROCEDURES

File Name: Discontinued\_procedures

Origination: 10/2021

Last Review: 10/2021

Next Review: 12/2022

### Description

Per the Current Procedural Terminology (CPT®) book, under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued.

Providers indicate the procedure was started but discontinued using Modifier 53 (Discontinued Procedure).

Facilities indicate the procedure was discontinued prior to administration of anesthesia using Modifier 73 (Discontinued Outpatient Hospital/Ambulatory Surgery Center [ASC] Procedure Prior to the Administration of Anesthesia).

### Policy

**Blue Cross Blue Shield North Carolina (Blue Cross NC) will reduce payment by 50% when services were discontinued, as indicated by modifier 53 or 73.**

### Reimbursement Guidelines

Services submitted with a 53 or 73 modifier will receive 50% of the allowed reimbursement.

Multiple procedure reductions will still apply.

According to the Centers for Medicare & Medicaid Services (CMS) and CPT coding guidelines, Modifier 53 and 73 should only be used with surgical codes or medical diagnostic codes.

Modifier 53 is not appropriate for the following services:

- Facility billing
- Evaluation and management (E/M) services
- Elective cancellation of a service prior to anesthesia induction and/or surgical preparation in the operating suite.
- When a laparoscopic or endoscopic procedure is converted to an open procedure or when a procedure is changed or converted to a more extensive procedure. In this scenario, the open or more extensive procedure would be reported.

Modifier 73 is not applicable for professional provider billing.

### Rationale



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In alignment with CMS and correct coding initiatives, Blue Cross NC will reduce reimbursement for services filed with modifier 53 and 73.

### Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

CPT® Code / Modifier	Description
Modifier 53	Discontinued Procedure
Modifier 73	Discontinued outpatient hospital/ambulatory surgical center (ASC) procedure prior to the administration of anesthesia.

### Related policy

#### [Modifier Guidelines](#)

### References

American Medical Association, Current Procedural Terminology (CPT®)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R442CP.pdf>

### History

10/19/2021	New policy developed. Blue Cross NC will reduce payment by 50% when services were discontinued, as indicated by modifier 53 or 73. <b>Notification on 10/19/2021 for effective date 1/1/2022.</b> (eel)
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### 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.



## Commercial Reimbursement Policy

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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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