Summary
This policy defines reimbursement for procedure codes appended with modifier 52 (Reduced Services).

Policy Statement
Under certain circumstances a service or procedure is partially reduced or significantly less than usually required to perform the service. When this occurs, the procedure code representing the service provided is appended with modifier 52, which provides a means of reporting the reduced service without disturbing the identification of the basic service performed.

Medica’s reimbursement for services submitted with modifier 52 is 50% of the allowable amount for the unmodified procedure.

This modifier is not used to report the elective cancellation of a procedure before anesthesia induction, intravenous (IV) conscious sedation, and/or surgical preparation in the operating suite. Modifier 52 should not be used with an evaluation and management (E/M) service.

Definitions
Modifier 52 – Reduced Services. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure code and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

Resources
• Centers for Medicare and Medicaid Services (CMS)

Effective Date
05/01/2004

Revision Updates
08/17/2017 Annual policy review
07/07/2016 Annual policy review
07/23/2015 Annual policy review
07/10/2014 Annual policy review