Discontinued Procedure Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The term "Discontinued Procedure" designates a surgical or diagnostic procedure provided by a physician or other health care professional that was less than usually required for the procedure as defined in the Current Procedural Terminology (CPT®) book. Discontinued Procedures are reported by appending Modifier 53. It is not appropriate to use Modifier 53 if a portion of the intended procedure was completed and a code exists which represents the completed portion of the intended procedure.

Reimbursement Guidelines

Under certain circumstances such as a serious risk to the patient's well-being, a surgical or diagnostic procedure is terminated at the physician or other health care professional's direction. Under these circumstances the procedure provided should be identified by its usual procedure code and the addition of Modifier 53 (Discontinued Procedure) signifying that the procedure was started but discontinued. This provides a means of reporting the Discontinued Procedure leaving the identification of the basic service intact.

According to the Centers for Medicare & Medicaid Services (CMS) and CPT coding guidelines, Modifier 53 should be

used with surgical codes or medical diagnostic codes. Modifier 53 should not be used with:

- Evaluation and management (E/M) services
- Elective cancellation of a procedure prior to the patient's 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.

UnitedHealthcare Community Plan's standard for reimbursement of Discontinued Procedures with Modifier 53 is 33% of the Allowable Amount for the primary unmodified procedure. Multiple procedure reductions will still apply.

For procedures that are partially reduced or eliminated at the physician's direction, see UnitedHealthcare Community Plan's Reduced Services (Modifier 52) policy.

State Exceptions	
Florida	FL Medicaid reimbursement for modifier 53 is 25%.
Washington	WA Medicaid is exempt from the Discontinued Procedure Policy.

Definitions	
Allowable Amount	The dollar amount eligible for reimbursement to the physician or health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of allowable amounts.
Discontinued Procedure	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. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association*, Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
5/1/2020	Annual Anniversary Date and Version Change
3/23/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy
2/26/2020	Policy Version Change State Exceptions Section: WA updated

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2/3/2020	State Exceptions Section: WA updated Annual Version Change History section: Entries prior to 1/1/2018 archived
5/3/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header
1/1/2019	Added 'Professional' to the policy title Policy Version Change Application section: Removed the verbiage and link for the provider website History section: Entries prior to 1/1/2017 archived
7/11/2018	Policy Approval Date Change (No new version)
5/24/2018	State Exceptions section: Added Washington
1/1/2018	Annual Version Change History Section: Entries prior to 1/1/2016 archived
12/29/2008	Policy implemented by UnitedHealthcare Community & State

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