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Abstract Purpose:

This reimbursement policy outlines Network Health's process, for the Commercial line of business, when claims are submitted with Modifier 53 or Modifier 73.

Policy Detail:

- I. Network Health will reimburse claims submitted with Modifier 53 or Modifier 73 at twenty-five percent (25%) of the allowed amount, unless otherwise specified in your provider contract with Network Health.

- II. **Modifier 53:**
 - A. Modifier 53 should be used:
 1. When a surgical or diagnostic procedure was started and discontinued by the physician
 2. Before or after anesthesia has been administered

 - B. Modifier 53 should not be used:
 1. When the service was provided in an Ambulatory Surgery Center (ASC) or hospital setting
 2. If the service billed is an evaluation & management or anesthesia charge
 3. If the service was an elective cancellation by the patient, prior to the administration of anesthesia

- III. **Modifier 73:**
 - A. Modifier 73 should be used:
 1. Prior to the start of patient procedure; including sedation and/or surgical room preparation
 2. Before anesthesia has been administered

 - B. Modifier 73 should not be used:
 1. If the service was an elective cancellation by the patient; prior to the administration of anesthesia
 2. After anesthesia has been administered

Definitions:

Modifier 53 – Discontinued Procedure

Modifier 73 – Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure
Prior to the Administration of Anesthesia

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