

n05723

## Modifier 52/Reduced Services Policy - Commercial

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

This guideline outlines Network Health's reimbursement policy for Commercial claims, when professional services are billed with Modifier 52.

#### **Policy Detail:**

Network Health does not decrease the reimbursement for services when the procedure code(s) are submitted with Modifier 52.

The term "reduced services" is used to reference a service or procedure that is partially reduced or eliminated at the physician's direction. When this occurs, the service provided can be identified by its usual procedure code and adding the reduced services modifier 52, which indicates the service is reduced. This provides a means of reporting the reduced service(s) without disturbing the identification of the basic service.

#### **Appropriate use of Modifier 52:**

- Procedures for which services performed are significantly less than usually required
  - Service(s) have been modified at the physician's discretion to be less than the usual procedure
  - The documentation describing the service fully supports the service furnished was less than usually required
- \*\*\*Report the service(s) provided with Modifier 52 and the original charge

#### **Inappropriate use of Modifier 52:**

- Do not report for cancelled or terminated procedure
- Do not report on Evaluation and Management (E&M) codes
- Do not report on time based codes; i.e. anesthesia
- Do not report when an existing CPT/HCPC code properly identifies the reduced service
- Do not report when the CPT code description includes unilateral or bilateral

**Definitions:**

**Modifier 52** - Reduced Services

**Related Policies:**

Increased Procedural Services Policy

**Effective Date: 1/1/2011**

**Update Date: 3/16/2022**

**Next Review Date: 3/16/2023**