



Modifier 52 Fact Sheet

Definition:

- Reduced Service reports a partially reduced or eliminated service or procedure.

Appropriate Usage:

- Procedures for which services performed are significantly less than usually required may be billed with the "52" modifier.
- Report the service provided with modifier 52 and the appropriate reduced original charge.
- Services modified at the physician's discretion to be less than the usual procedure.
- When the documentation describing the service fully supports that the service furnished was less than usually required.

Inappropriate Usage:

- Do not use for terminated procedures.
- Do not use for situations when the patient has the inability to pay the full charge.
- Do not use on a time-based code. (i.e. anesthesia, psychotherapy or critical care).
- Do not report on Evaluation & Management and Consultations codes.

Additional Information:

- Claims need to indicate "Documentation available upon request" in item 19 or the electronic equivalent.
- Reduce the amount you normally bill for the service(s) on your claim accordingly.



Example:

Correctly billed for reduced procedures

Sample

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES															
										17b. NPI		FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
										<input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to 10.1 or 10.2 by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.															
1. 59613																											
2. _____										23. PRIOR AUTHORIZATION NUMBER																	
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To		YY		YY						CPT/HCPCS		MODIFIER													
1	03	18	06				21					50400	52			1	575.00		001		NPI	1234567890					
2																					NPI						
3																					NPI						

UPPLIER INFORMATION

Anesthesia code reported incorrectly

DENIED

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES															
										17b. NPI		FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
										<input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to 10.1 or 10.2 by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.															
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24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To		YY		YY						CPT/HCPCS		MODIFIER													
1	03	14	06				21					01180	52			1	575.00		001		NPI	1234567890					
2																					NPI						
3																					NPI						

UPPLIER INFORMATION