



Modifier 73 Fact Sheet

Definition:

Discontinued Outpatient/Hospital Ambulatory Surgery Center (ASC) Procedure prior to the administration of anesthesia

Appropriate Usage:

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided and being taken to the room where the procedure is to be performed,) but prior to the administration of the anesthesia.

Inappropriate Usage:

The physician cancelled the surgical or diagnostic procedure prior to administration of anesthesia and/or surgical preparation of the patient.

Additional Information:

- Do not use this modifier for the elective cancellation of a procedure.
- Do not use this modifier if the surgeon cancels or postpones the scheduled surgery because of a patient complaint such as a cold or flu upon intake.
- The physician should not use this modifier. This is only appropriate for use by the ASCs.
- Medicare's reimbursement is 50 percent of the ASC rate for the procedure.



Example: The ASC prepped the patient and took them to the procedure room. The patient's blood pressure increases suddenly or the physician determines the patient is not able to complete the procedure.

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 Item 24E below)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.								
1. 4563		23. PRIOR AUTHORIZATION NUMBER								
2. _____										
3. _____										
4. _____										
24. A.	DATE(S) OF SERVICE	B.	C.	D.	E.	F.	G.	H.	I.	J.
	From To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPISOD Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
	MM DD YY MM DD YY			CPT/HCPCS MODIFIER						
1	01 04 06	11		45380 73	1	350.00	001		NPI	123456789
2									NPI	
3									NPI	

Patient complained of cold or flu upon intake. The surgeon cancelled the procedure due to patient condition.

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 Item 24E below)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.								
1. 7114		23. PRIOR AUTHORIZATION NUMBER								
2. _____										
3. _____										
4. _____										
24. A.	DATE(S) OF SERVICE	B.	C.	D.	E.	F.	G.	H.	I.	J.
	From To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPISOD Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
	MM DD YY MM DD YY			CPT/HCPCS MODIFIER						
1	10 04 06	11		45380 73	1	350.00	001		NPI	1234567890
2									NPI	
3									NPI	