



## *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.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES											
19. RESERVED FOR LOCAL USE										FROM		TO		MM		DD		YY		MM		DD		YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 21 by Line)										20. OUTSIDE LAB?		\$ CHARGES		22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER							
1. 59613										<input type="checkbox"/> YES <input type="checkbox"/> NO															
2. _____																									
3. _____																									
4. _____																									
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		MM DD YY MM DD 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.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES											
19. RESERVED FOR LOCAL USE										FROM		TO		MM		DD		YY		MM		DD		YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 21 by Line)										20. OUTSIDE LAB?		\$ CHARGES		22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER							
1. 59613										<input type="checkbox"/> YES <input type="checkbox"/> NO															
2. _____																									
3. _____																									
4. _____																									
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		MM DD YY MM DD YY				CPT/HCPCS MODIFIER																			
1		03 14 06		21		01180 52				1		575.00		001		NPI		1234567890							
2																NPI									
3																NPI									

UPPLIER INFORMATION