
-52 Reduced Services Modifier

Last Reviewed: 3/22/2024

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified medical professional.

Product Information

The information outlined below applies to Aspirus Medicare Advantage products.

Payment Information

Unless Medicare has established an allowed amount, Aspirus will reduce the allowed amount by fifty percent (50%).

Appropriate Use

- When a service is partially reduced or eliminated at the discretion of the provider, the -52 modifier should be appended.
- The service performed is significantly less than usually required or described within the CPT or HCPCs code description.
 - For example, an audiologic function test is performed only on one ear, the description of the service indicates it should be performed bilaterally, and no other code exists to report what has been done.

Inappropriate Use

The -52 Reduced Services modifier should not be:

- Appended to Evaluation and Management services.
- Used to indicate a procedure was not completed, electively cancelled, or terminated.
- Used to indicate that a surgery or procedure was discontinued or cancelled because of extenuating circumstances prior to or after administration of anesthesia.
 - For example, a colonoscopy is not fully completed due to inadequate surgical preparation.

- Appended to a planned procedure if there is a CPT[®]/HCPCS code that accurately describes the service performed.
 - For example, a provider intended to perform a chest x-ray, 2 views and instead performed a single view. CPT code 71045 accurately describes the single view that was performed; that is the code that should be submitted.

Additional Links

[CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 20.4.6, 30.6.17 F, 40.2, and Section 40.4](#)

[Modifiers - NGSMEDICARE](#)

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