
-53 Discontinued Procedure Modifier

Last Reviewed: 3/22/2024

The -53 Discontinued Procedure modifier indicates that due to extenuating circumstances or those that threaten the well-being of the patient the physician elected to discontinue the surgical or diagnostic procedure.

Product Information

The information outlined below applies to Aspirus Medicare Advantage products.

Payment Information

- When the -53 modifier is appended to an eligible professional service the Aspirus base allowed amount will be reduced by 50%.
- While it is not required to submit documentation with the claim, supporting documentation must be made available upon request.
- Aspirus follows Medicare payment guidelines related to screening and diagnostic colonoscopy procedures as outlined in the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 12, Section 30.1.B and Chapter 18, Section 60.2.A.2. Aspirus has allowed amounts in place for these procedure codes when they are submitted with the -53 modifier.

Appropriate Use

- Following induction of anesthesia, the -53 modifier should be used to indicate the surgical or diagnostic procedure was discontinued.
- Append the -53 modifier to the procedure that was performed.

Inappropriate Use

- To report the elective cancellation of a surgical or diagnostic procedure.
- When the surgical or diagnostic procedure is discontinued prior to the induction of anesthesia.
- To indicate the surgical procedure was reduced. In this situation, the -52 Reduced Services modifier should be used.

- When submitting Evaluation and Management Services.
- When submitting time-based services (e.g., critical care)
- By outpatient facilities to report a discontinued procedure.

Additional Links

[Centers for Medicare & Medicaid Services \(CMS\) Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.1](#)

[CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 60.2](#)

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