

-53 Discontinued Procedure Modifier

Last Reviewed 3/31/2025

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 all UCare products. Product specific information is outlined below.

Payment Information

[UCare Medicare Advantage, Dual Integrated Programs when Medicare is the Primary Payer, and UCare Commercial Products](#)

- When the -53 modifier is appended to an eligible professional service, the UCare 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.
- UCare 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. UCare has allowed amounts in place for these procedure codes when they are submitted with the -53 modifier.

[MHCP \(When MHCP is the primary payer for the service\)](#)

- When the -53 modifier is appended to an eligible service the UCare allowed amount will be reduced by 50%.

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.
- 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](#)

Disclaimer

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