



Effective 3/20/2026

Lines Of Business All Lines of Business

## Payment Impacting Modifier: Discontinued Procedures (53, 73)

### DISCLAIMER

*This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](http://healthplan.org).*

# DEFINITIONS, ACRONYMS, and TERMS

Covered Service	Medically necessary services, as determined by the plan and described in the applicable benefit plan, for which a member is eligible for coverage
CPT	Current Procedural Terminology
Fee Schedule	The complete listing of rates for services that represents payment for each unit of service allowed based on applicable coded service identifier(s) for covered services
HCPCS	Healthcare Common Procedure Coding System

## BACKGROUND

A modifier is two characters (letters or numbers) appended to a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. The modifier provides additional information about the product or service without changing the meaning of the code billed.

A pricing modifier is a modifier that causes a pricing change for the code billed.

## POLICY

<b>Modifier 53</b>	Discontinued Procedure by practitioner
<b>Modifier 73</b>	Discontinued outpatient procedure by outpatient hospital or ambulatory surgery center (ASC)

Modifier 53 is a payment impacting modifier **only** when appended to the following procedure codes:

- A. 45378 – Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
- B. G0105 – Colorectal cancer screening; colonoscopy on individual at high risk.
- C. G0121 - Colorectal cancer screening; colonoscopy on individual not meeting the criteria for high risk.

Modifier 53 is required when a procedure is started but discontinued due to circumstances that threaten the well-being of the patient.

Modifier 53 is **not** valid when a procedure is discontinued prior to anesthesia.

Outpatient hospital or ambulatory surgery center (ASC) procedures which are discontinued or terminated before anesthesia has been provided are required to be reported with modifier 73.

## Payment Impact

### Modifier 53

Line of Business	Percentage (%) of Fee Schedule
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Commercial	50%
Medicare	50%
Mountain Health Trust	25%
PEIA	50%
Self-Funded/ASO	50%

## Payment Impact

### **Modifier 73**

Line of Business	Percentage (%) of Fee Schedule
Commercial	No Impact
Medicare	50%
Mountain Health Trust	50%
PEIA	No Impact
Self-Funded/ASO	No Impact

As a reminder, The Health Plan (THP) applies claims edits to all services including those with modifiers