

Reimbursement Policy	
Title: Modifier Reductions	
Policy Number: RP-P-330X	Application: All Medica Members
Last Reviewed: 02/23/2023	Effective Date: 03/01/2023
Related Policies: Assistant Surgeon , Co-Surgeon/Team Surgeon , Discontinued Procedure , Split Surgical Package	

***Disclaimer:** This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

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Summary:
This policy addresses the reduced reimbursement of Current Procedural Terminology (CPT) codes billed with specific modifiers.

Policy Statement:

Based on guidelines set by the Centers for Medicare and Medicaid (CMS), some modifiers apply reimbursement reductions based on the original allowable amount.

Modifier 52

This modifier is used to indicate that there has been a partial reduction, or discontinuation, of a service. Modifier 52 should not be used to report elective cancelation of a procedure before anesthesia induction, IV conscious sedation and surgical preparation in the operating suite or with evaluation and management codes. When appended to the appropriate CPT code, this will result in a 50% reduction in reimbursement.

Modifier CT

Computed tomography (CT) scans furnished on Non-NEMA Standard XR-29-2013-Compliant CT scans are required to be appended with modifier CT, which will result in a 15% reduction in reimbursement.

Modifier FX

X-rays furnished using film must include modifier FX. This modifier will result in a 20% reduction in reimbursement that will apply to the technical component as well as the technical component of the global fee.



Modifier FY

X-rays furnished using computed radiography are required to be appended with modifier FY. This modifier will result in a 10% reduction in reimbursement, which will apply to the technical component as well as the technical component of the global fee.

Modifiers:	
52	Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances, the service provided can be identified by the usually procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
FX	X-ray taken using film
FY	X-ray taken using computed radiography technology/cassette-based imaging

Code Lists:
Modifier CT Eligible Code List
Modifiers FX and FY Eligible Code List

Exclusions/Exemptions:
Medicare reductions may vary from Medica's 50% reduction of modifier 52

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	03/01/2023
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Revision Updates:	
02/23/2023	New Policy