

*Values*Accountability • Integrity • Service Excellence • Innovation • Collaboration

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**Abstract Purpose:**

This reimbursement policy outlines Network Health's process, for the Commercial line of business, when claims are submitted with Modifier 53 or Modifier 73.

**Policy Detail:**

- I. Network Health will reimburse claims submitted with Modifier 53 or Modifier 73 at twenty-five percent (25%) of the allowed amount, unless otherwise specified in your provider contract with Network Health.
  
- II. **Modifier 53:**
  - A. Modifier 53 should be used:
    1. When a surgical or diagnostic procedure was started and discontinued by the physician
    2. Before or after anesthesia has been administered
  
  - B. Modifier 53 should not be used:
    1. When the service was provided in an Ambulatory Surgery Center (ASC) or hospital setting
    2. If the service billed is an evaluation & management or anesthesia charge
    3. If the service was an elective cancellation by the patient, prior to the administration of anesthesia
  
- III. **Modifier 73:**
  - A. Modifier 73 should be used:
    1. Prior to the start of patient procedure; including sedation and/or surgical room preparation
    2. Before anesthesia has been administered
  
  - B. Modifier 73 should not be used:
    1. If the service was an elective cancellation by the patient; prior to the administration of anesthesia
    2. After anesthesia has been administered

**Definitions:**

**Modifier 53** – Discontinued Procedure

**Modifier 73** – Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure  
Prior to the Administration of Anesthesia

**Origination Date: 8/1/2021**

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