



Modifier 53 Fact Sheet

Definition:

- Indicates the physician elected to terminate a surgical or diagnostic procedure due to the patient's well-being.

Appropriate Usage:

- A discontinued procedure after induction of anesthesia
- Report modifier 53 in the first modifier field when appended to procedure code 45378, G0105 and G0121
- Bill modifier 53 with the CPT code for the service furnished

Inappropriate Usage:

- On an Evaluation and Management Procedure Code
- Discontinued surgeries prior to the anesthesia being induced
- When appended to an E/M procedure code
- Do not use on time-based procedure codes (i.e. critical care and psychotherapy)

Facts:

Procedure codes 45378-53, G0105-53, and G0121-53 have their own fee schedule amounts. All other services billed with 53 are subject to carrier medical review and priced by individual consideration.

Supporting documentation should:

- be available upon request
- state the procedure was started
- why the procedure was discontinued
- state the percentage of the procedure was performed

