Modifier Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

***Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the facility or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies**.*

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims.

Policy

Overview

This policy describes how UnitedHealthcare reimburses outpatient facility claims appended with modifiers 52, 53, 73, and 74. In accordance with Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA) there are modifiers that are appropriate to be submitted on outpatient UB04 claims. In addition, CMS guidelines indicate a reduction in reimbursement will be applied when specific modifiers are appended indicating a reduced service or when different equipment is used for the service.

Reimbursement Guidelines

UnitedHealthcare will align with CMS when addressing the use of modifiers 52, 53, 73, and 74 in the following manner.

Note: The tables below represent modifiers that are addressed in this policy, it is not an all-inclusive list of CPT and HCPCS modifiers.

When the following modifiers are appended a reduction in the **Allowable Amount** will be applied. These modifiers represent a reduced service.

Modifiers	Reduction to be Applied
52	When modifiers 52 is present on a claim line the allowed amount will be reduced by 50%.
73	When modifier 73 is present on a claim line the allowed amount will be reduced by 50%.

When the following modifier is appended on a facility claim line it will result in a denial. It is not appropriate to submit modifier 53 on a facility claim form.

Modifier	Description
53	If modifier 53 is submitted on a facility claim the claim line will be denied and the provider may resubmit with an appropriate modifier if applicable.

When the following modifier is appended on a facility claim, no reduction will be applied. Modifier 74 is an informational modifier that can be submitted on a facility claim line when appropriate.

Modifier	Description
74	This modifier will be informational as there will not be a reduction in reimbursement applied.

State Exceptions

States Exempt from Policy	Arizona, Indiana, Kansas, Minnesota, Nebraska, Tennessee, Texas

Definitions

Allowable Amount	Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, whichever is applicable. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount.

Questions and Answers

1	**Q:** Can modifier 53 be submitted on a facility claim? **A:** No, it is not appropriate for modifier 53 to be submitted on a facility claim. When appropriate, modifier 74 would be acceptable for outpatient hospital reporting.

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services (CMS), Manual System and Other CMS publications and services

History	
11/26/2023	Policy Version Change State Exceptions Updated: Mississippi removed
10/15/2023	Policy Version Change State Exceptions Updated: Kentucky and New Jersey removed
06/01/2023	Policy Implemented by UnitedHealthcare Community Plan
02/02/2023	Policy approved by Reimbursement Policy Oversight Committee

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