HEALTH & WELFARE

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July 18, 2016

MEDICAID INFORMATION RELEASE MA16-09

To:

Physicians

From:

Matt Wimmer, Administrator

Division of Medicaid

Subject: Reimbursement Reduction for Modifiers 52 and 53

Effective for claims with dates of payment on and after October 01, 2016, modifiers 52 and 53 will reduce the allowed reimbursement amount by 25%. This correlates to a maximum reimbursement of 75% of the allowed amount(s).

If more than 75% of the service(s) were completed, bill without using modifiers 52 or 53. Please continue to appropriately document services as "completed".

The Centers for Medicare and Medicaid Services' *Medicare Claims Processing Manual*, *Publication* #100-04, defines these modifiers as:

- Modifier 52 is used to indicate partial reduction or discontinuation of radiology procedures and other services that do not require anesthesia. The modifier provides a means for reporting reduced services without disturbing the identification of the basic service.
- Modifier 53 is used to indicate discontinuation of physician services and is not approved for use for outpatient hospital services.

If you have any questions regarding these rates, please contact the Office of Reimbursement in the Idaho Division of Medicaid at (208) 364-1817.

Thank you for participating in the Idaho Medicaid program.

MW/cc