

## 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 reimbursement policies may use 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 CMS 1500 forms and, when specified, to those 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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, the physician 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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.*

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Application
<p>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, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized, and percent of charge contract facilities.</p> <p><b>United Healthcare Commercial</b>            This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p><b>UnitedHealthcare Individual Exchange</b>            This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p><b>Overview</b></p> <p>This policy describes how UnitedHealthcare reimburses outpatient facility claims appended with modifiers 52,53,73,74, CT, FX, and FY. 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.</p>
<p><b>Reimbursement Guidelines</b></p> <p>UnitedHealthcare will align with CMS when addressing the use of modifiers 52,53, 73, 74, CT, FX, and FY in the following manner.</p>

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 allowed amount will be applied. These modifiers represent a reduced service or when different equipment used for the service.

Modifiers	Reduction to be Applied
<b>52</b>	When modifiers 52 is present on a claim line the allowed amount will be reduced by 50%.
<b>73</b>	When modifier 73 is present on a claim line the allowed amount will be reduced by 50%.
<b>CT</b>	Modifier CT must be reported for computed tomography (CT) services that are furnished on non-NEMA Standard XR-29-2013-compliant CT equipment. The allowed amount for these services will be reduced by 15%.
<b>FX</b>	Modifier FX indicates that the x-ray was performed using film. The allowed amount for services provided prior to January 1, 2023, will be reduced by 7% and those provided on and after January 1, 2023, will be reduced by 10%.
<b>FY</b>	Modifier FY should be appended to a code when the x-ray was taken using computed radiography technology/cassette-based imaging. The allowed amount for services provided prior to January 1, 2023, will be reduced by 7% and those provided on and after January 1, 2023 will be reduced by 10%.

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
<b>53</b>	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
<b>74</b>	This modifier will be informational as there will not be a reduction in reimbursement applied.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> Can modifier 53 be submitted on a facility claim?</p> <p><b>A:</b> 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.</p>
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Modifiers	
52	Reduced Services
53	Discontinued Procedures
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
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

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	
10/5/2025	Anniversary review and version change History Section: Entries prior to 10/5/2023 archived
4/14/2024	Policy Version Change Updated application language
4/1/2024	<b>Template Update</b> <ul style="list-style-type: none"> <li>• Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li> <li>• Updated Application section to indicate this Reimbursement Policy applies to:               <ul style="list-style-type: none"> <li>○ All UnitedHealthcare Commercial benefit plans</li> <li>○ All Individual Exchange benefit plans</li> </ul> </li> </ul>
10/1/2022	Policy implemented by UnitedHealthcare Employer & Individual
6/8/2022	Policy approved by Reimbursement Policy Oversight Committee