# Clover

Clover Health Discontinued Procedures-Modifier 53 Policy Policy #

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| **Policy Title** | Clover Discontinued Procedures - Modifier 53 Reimbursement Policy |
| **Policy Department** | Payment Strategy Operations |
| **Effective Date** | 1/1/2022 |
| **Revision Date(s)** | 3/1/2022 |
| **Next Review Date** | |

**Disclaimer:**

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

## Description:

This policy outlines Clover Health's guidelines for payment of discontinued services submitted with a modifier 53. Clover will apply this logic to all Medicare Advantage plans for both contracted and non-contracted providers.

## Definitions:

- Modifier 53
  - Discontinued Procedure

## Policy:

The Clover policy for discontinued procedures submitted with modifier 53 utilizes the Centers for Medicare and Medicaid Services (CMS) guidelines found in the Medicare Claims Processing Manual to identify when a procedure code other than 44388, 45378, G0105 and G0121 have been submitted with modifier 53, indicating that a procedure has been

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| discontinued. Clover health will reimburse services billed with modifier 53 at 50% of the allowable amount for that service. |

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| **Claim Codes (if applicable)** | Modifier 53 - Discontinued Procedure |

| References |
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| Medicare Claims Processing Manual, Chapter 23 |