



Modifier -73 reduction

Effective for claims processed on and after January 1, 2012, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will reduce the allowance of all procedures appended with the modifier -73. The reduction will be 50 percent of the procedure allowed amount. At present, this modifier does not impact payment.

The following will be added to Chapter 11, Modifier section of the online Blue Cross Provider Policy and Procedure Manual. To access the manual go to **providers.bluecrossmn.com** and select Forms & publications then manuals.

MOD	Description	Submission Guidelines	Impact To Payment
-73	Discontinued out-patient hospital/ ambulatory surgery center (ASC) procedure prior to the administration of anesthesia	Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation, but prior to the administration of anesthesia. Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of the modifier -73.	Payment is made at 50% of the allowed amount. Effective for claims processed on and after January 1, 2012.

Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have any questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.