

## **Part B Insider (Multispecialty) Coding Alert**

### **Reduce Modifier 52 Stress With This TrailBlazer Advice**

#### **The Texas Part B provider offers some documentation clarification**

Expect a denial if your modifier 52 claim doesn't include a statement explaining the reduced service.

That's the latest from **TrailBlazer Part B** to its Texas providers. -Medicare requires an operative report for surgical procedures AND a statement as to how the reduced service is different from the standard procedure- to determine proper payment, TrailBlazer clarifies.

For nonsurgical services, your claim needs a statement describing how the reduced service differs from the standard service. You don't need to submit additional documentation (with the claim or faxed) if your statement conveys the reduced service's scope, TrailBlazer says.

**Remember:** No statement means a definite denial.

For more of TrailBlazer's views on modifier 52, head to [www.trailblazerhealth.com/partb/books/DiagnosticRadiology.pdf](http://www.trailblazerhealth.com/partb/books/DiagnosticRadiology.pdf) page 21.