

E&M Coding Education Questions?

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MODIFIER 57- DECISION FOR SURGERY

If you think of modifier 57 as the “decision for surgery” modifier, it’s time to change your mind. Modifier 57 applies when the physician determines the need for any major procedure—whether surgical *or* non-surgical.

Modifier 57 Decision for Surgery:

Add Modifier 57 to the appropriate level of E/M service provided on the day before or day of surgery, in which the initial decision is made to perform major surgery. Major surgery includes all surgical procedures assigned a 90-day global surgery period.

According to the CMS Global Surgery guidelines, the surgery includes the E/M service provided on the day before or the day of the major surgery procedures **unless** the E/M service resulted in the decision to perform surgery (*Medicare Claims Processing Manual, Chapter 12, Section 30.6.6.c*).

By appending modifier 57 to an E/M code, you are alerting the payer that the E/M service—on either the day of, or the day before, a major surgical procedure—was the service at which the physician determined the surgery was appropriate and medically necessary, and is therefore not bundled to the surgery payment.

Reference Guide to the Use of Modifier 57

Evaluation and Management (E/M)	<ul style="list-style-type: none"> • Documented E/M meets criteria specified in code. • Initial decision to perform the surgical procedure on same day or another day. • E/M day before or day of major surgery that resulted in initial decision to perform the surgical procedure.
Type of Procedure	Surgical procedure <ul style="list-style-type: none"> • Procedures assigned a 90-day global surgery period.
Different diagnoses required for E/M and procedure	No

Examples of Using Modifier 57

SURGERY

A surgeon sees a patient and determines (and appropriately documents) that patient needs an emergency appendectomy. Because the E/M led to the decision for surgery, both the E/M (with modifier 57 appended) and the surgery may be reported.

NON-SURGICAL Procedure

An orthopedist sees a patient and determines (and documents) the need to provide non-surgical fracture care. Although closed treatment is not a “surgical” service, it does have a 90-day global period, and is therefore a major procedure for which separate payment of an E/M service with modifier 57 is appropriate, when properly documented.

Inappropriate Uses of a Modifier 57

- Appending to a surgical procedure code.
- Appending to an E/M procedure code performed the same day as a minor surgery.
- When the decision to perform a minor procedure is done immediately before the service, it is considered a routine preoperative service and not billable in addition to the procedure.
- Do not report on the day of surgery for a preplanned or prescheduled surgery.
- Do not report on the day of surgery if the surgical procedure indicates performance in multiple sessions or stages.

WHAT IS INCLUDED IN THE GLOBAL PERIOD?

Global period includes:

- Day before surgery
- Day of the surgery; and
- Number of days following the surgery
- Preoperative period is the day BEFORE the surgery or the day OF surgery.

QUICK TIP:

If an E/M service resulting in initial decision to perform major surgery is furnished **during post-operative period of another unrelated procedure**,

- Then the E/M service must be billed with both the **24** and **57** modifiers.

Key Modifier TIPS: Modifier 57

- Do not append modifier -57 on the E/M for the decision for surgery if the surgery is scheduled later than the day after the E/M service.
- Append modifier -57 to any E/M service on the day of or the day before a **major** surgical procedure when the E/M service results in the decision to go to surgery.
- Use for initial consultation or evaluation of problem by surgeon/specialist to determine need for major surgery/procedure.

Choosing from Modifier 25 versus 57

Modifier 25 is only used for an E&M visit and a minor procedure are performed on the same day.

- Minor procedure is 0-10 global days ONLY.
- **Global Period Determines Correct E&M Modifier**
- Examples of minor procedures include many injections, minor integumentary repairs, and endoscopic procedures (e.g., diagnostic colonoscopy).
- You normally will not report a separate, same-day E&M service if the provider sees a patient for a previously scheduled procedure or service.
- Per the *Medicare Claims Processing Manual* (Chapter 12, Section 40.1), "Visits by the same physician on the same day as a **minor surgery or endoscopy** are included in the payment for the procedure, unless a significant, separately identifiable service is also performed."

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