

Compliance Alert

SIU SOM Office of Compliance and Ethics

Modifier 57 Fact Sheet

Definition:

Indicates an Evaluation and Management (E/M) service resulted in the initial decision to perform surgery either the day before a major surgery (90 day global) or the day of a major surgery. You can access this information on the [Medicare Physicians Fee Schedule Data Base \(MPFSDB\)](#).

Appropriate Usage:

- Append where the decision to perform surgery is made the day of or day before a major surgery during an E/M service.
- Append only to the E/M procedure code.

Inappropriate Usage:

- 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.

Facts:

- Global period - The day before surgery, the day of the surgery and the number of days following the surgery as indicated on the MPFSDB. Often, a major surgery has a 90 day post-operative period and a minor surgery has either a zero or a 10 day post-operative period.
- A preoperative period is the day before the surgery or the day of surgery.
- When an E/M service resulting in the initial decision to perform major surgery is furnished during the post-operative period of another, unrelated procedure, then the E/M service must be billed with both the 24 and 57 modifiers.

Procedure Codes:

99201-99499 E/M all locations

Example:

The patient's attending physician refers them for complaints of abdominal pain. After an examination, the physician decides the patient needs an appendectomy later that day. These two services do not have to be billed on the same claim. See below for codes and proper placement of 57 modifier.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. <input type="checkbox"/>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
19. RESERVED FOR LOCAL USE										17b. NPI		FROM MM DD YY					TO MM DD YY				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refile Items 1, 2, 3 or 4 to Item 24E by Line)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										\$ CHARGES	
1. 78900										22. MEDICARE RESUBMISSION CODE										ORIGINAL REF. NO.	
2. 78701										23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY																
05	18	13				21		99221	57			1	69.00		001			NP1		1234567890	
05	18	13				21		44950				1	450.00		001			NP1		1234567890	
																		NP1			

Modifier applied to the incorrect code.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. <input type="checkbox"/>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
19. RESERVED FOR LOCAL USE										17b. NPI		FROM MM DD YY					TO MM DD YY				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refile Items 1, 2, 3 or 4 to Item 24E by Line)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										\$ CHARGES	
1. 78900										22. MEDICARE RESUBMISSION CODE										ORIGINAL REF. NO.	
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																		NP1			

Sources:

[WPS Medicare Modifier 57 Fact Sheet](#)

Questions regarding this Compliance Alert can be directed to:
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Revision History	Author	Description of Revision	Approval
May 2, 2016	Candice Long	Initial Release	Candice Long, Chief Compliance Officer
February 9, 2018	Brooke Mullink	Updated	Mary A. Curry, Healthcare Compliance Officer