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Article Detail

Date: 01/31/2018
Title: Appropriate Use of Modifiers 54 and 55
Healthcare Type: Physician/Professional
Source: CMS IOM 100-04, Chapter 12, Section 40.2; <https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lob/pages/policy-education/modifiers/>
Abstract: When postoperative care is split between two physicians, it is vital to understand documentation requirements, as well as how and when to report modifiers 54 and 55.

Article Text

Global surgical procedures typically comprise three components: the procedure itself, preoperative care, and postoperative management. In some instances, services that have a 10- or 90-day global period, the components of a global surgical procedure may be performed by different providers from a different group practice. In these instances, each provider should report only the service he or she performed by appending the appropriate modifier.

This article will focus on the correct use of modifiers 54 and 55.

Modifier 54	Surgical Care Only: When 1 physician or other qualified health care professional performs a surgical procedure and another provider preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.
Modifier 55	Postoperative Management Only: When 1 physician or other qualified health care professional performs postoperative management and another provider performs the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

If components of a global surgical procedure are provided by different physicians, each physician will report the service he or she provided by appending the appropriate modifier to the surgical code. When physicians agree upon a transfer of postoperative care, the surgeon appends modifier 54 to the surgical procedure to indicate surgical care only was provided and that all or part of the postoperative management was turned over to another physician. The physician assuming postoperative management appends modifier 55 to the surgical procedure to indicate only postoperative management was provided.

Documentation and Guidelines

- The agreement for the transfer of care should be retained in the medical records of both providers.
- Both providers will report their services using the date of service the procedure was performed and the same surgical code.
- The physician providing the postoperative management only may not bill for any global services until he/she provides at least one service.
- It is not necessary for providers to indicate on the claim a transfer of care; however, the date care was relinquished should be shown on the claim in the appropriate field.
- If the postoperative care is divided between two providers, each should report the surgery code for the date of surgery with modifier 55 appended. The actual dates of postoperative care should be reported in field 19 of the CMS-1500 claim form or the electronic equivalent.
- If a transfer of care does not occur, the services of a provider, other than the surgeon, are reported by the appropriate evaluation and management (E/M) code or other code.
- These modifiers are not valid for provider types where the global surgery concept and postoperative global period do not apply (i.e., assistant surgeons, inpatient hospitals, ambulatory surgery centers).
- Physicians providing follow-up care for minor procedures performed in the emergency department (ED) should not use modifier 55 but report the appropriate office visit code.

Coding Example

Doctor Smith performs a total colectomy (44151) on January 15, 2018. The patient was in the hospital for five days and discharged home on January 20, 2018. After discharge, Doctor Jones assumes the patient's postoperative care beginning on January 21, 2018.

Doctor Smith reports the following: DOS: January 15, 2018; CPT code 44151-54 and 44151-55

Include in field 19 or the equivalent electronic field, the date postoperative care was relinquished. Post-op care performed January 16, 2018, to January 20, 2018 (5 days).

Doctor Jones reports the following: DOS: January 15, 2018; CPT code 44151-55

Include in field 19 or the equivalent electronic field, the date postoperative care was assumed: post-op care assumed on January 21, 2018 (85 days).



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