The Optum360® Specialty Articles Add-on provides exclusive access to the most recent and relevant specialty content available today. This specialty information is derived from multiple specialty organizations and other applicable sources to provide you with information that will not only assist you in understanding the nuances of your specialty, but also will enable you to better code those unique circumstances based on your specialty.

And because each article delivered by Optum360 provides sourcing information, you can apply this article content to your coding process and/or claim appeals with confidence. Additionally, Optum360 provides the most currently available specialty article content searchable by code, keyword, specialty or year/month so you no longer have to search through years of content to find the information you need. This new search capability does the hard work for you and returns the most relevant and up-to-date information.

Key features and benefits

- **Sourcing from specialty experts.** Optum360 Specialty Article content is derived from organizations with clinical insight into specific specialties from anesthesia to urology combined with coding information from coding resources you know (e.g., AMA, CMS, Optum360).

- **Identify and clarify from the most recent specialty information available.** Because the content is delivered to you from specialty sources, you can achieve clarity for any coding/clinical scenario with thousands of articles and more delivered every month. This ensures access to the most recent specialty information available.

- **Search clinical terms, codes, specialty keywords and print.** Optum360 Specialty Article content can be accessed by any clinician, coder or other health care professional needing information for accurate code identification and a more robust and accurate depiction of the patient’s condition. This content also can be accessed and searched by date (year/month), by selecting health care type (physician/professional, facility or both), or by article type (article, coding scenario, documentation, Q&A or operative report).

- **See the source and read the abstracts.** Optum360 provides the source for each specialty article. This provides you with confidence that the content is precise and correct. For any article, you can identify the origin of the content. For many articles, you can also read the abstract to understand the content at a high level.

* May only be purchased with a new or existing Optum360 online coding tool subscription; multi-user licenses available.
The Optum360 Specialty Article content provides:

- The most current available specialty article content searchable by code, keyword, specialty or year/month
- Sourcing information for each article, which increases confidence of applying the content to your coding process and/or claim appeals

### Article Detail

<table>
<thead>
<tr>
<th>Date:</th>
<th>01/31/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Appropriate Use of Modifiers S4 and S5</td>
</tr>
<tr>
<td>Healthcare Type:</td>
<td>Physician/Professional</td>
</tr>
<tr>
<td>Source:</td>
<td>CMS IOM 100-04, Chapter 12, Section 40.2; <a href="https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lib/pages/policy-education/modifiers/">https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lib/pages/policy-education/modifiers/</a></td>
</tr>
<tr>
<td>Abstract:</td>
<td>When postoperative care is split between two physicians, it is vital to understand documentation requirements, as well as how and when to report modifiers S4 and S5.</td>
</tr>
</tbody>
</table>

### Article Text

Global surgical procedures typically comprise three components: the procedure itself, preoperative care, and postoperative management. In some instances, services that have a 15- or 90-day global period, the components of a global surgical procedure may be performed by different providers from a different group practice. In those 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 S4 and S5.

| Modifier S4 | Surgical Care Only: When 1 physician or other qualified health care professional performs a surgical procedure and another provider performs preoperative and/or postoperative management, surgical services may be identified by adding modifier S4 to the usual procedure number. |
| Modifier S5 | 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 S5 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 S4 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 S5 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 S5 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 S5 but report the appropriate office visit code.

### Coding Example


Doctor Smith reports the following: DOS: January 15, 2018; CPT code 44151-S4 and 44151-S5

- 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-S5

- 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).