



## Important Modifier Education

### **Modifier 50**

Modifier 50 identifies bilateral procedures performed during the same session on an anatomical site.

Use Modifier 50 when billing for a bilateral procedure **and** the Medicare Physician Fee Relative Value file bilateral indicator for the procedure is “1” or “3”, report the procedure code once, append Modifier 50 and report one unit of service.

It is inappropriate to use Modifier 50 when performing the service on different areas of the same side of the body. Do not report a bilateral procedure on two lines of service and append modifier 50 to the second line of service.

For more information on the appropriate use of Modifier 50, visit [http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/files/bilateral\\_ks\\_50.pdf](http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/files/bilateral_ks_50.pdf) on our Website.

### **Modifier 51**

Modifier 51 identifies multiple surgeries performed during a surgical session and diagnostic imaging services subject to the multiple procedure payment reduction when provided on the same day by the same provider.

Medicare does not recommend reporting Modifier 51 on your claim. Our processing system appends the modifier to the correct procedure code.

For more information on the appropriate use of Modifier 51, visit <http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/files/51.pdf> on our Website.

### **Modifier 54**

Modifier 54 indicates the surgeon is billing for the surgical care and another physician is providing all or part of the post-operative care.

When the surgeon relinquishes the post-operative care to a physician who is not a member of the same group, append Modifier 54 to the surgical procedure code when billing. This is only valid for surgery procedures that have a 10 or 90-day post-operative period.

For more information on the appropriate use of Modifier 54, visit <http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/files/54.pdf> on our Website.

### **Modifier 55**

Modifier 55 indicates a physician, other than the surgeon, is providing all or part of the post-operative care of a surgical procedure.

For surgical procedures with a 10 or 90-day post-operative period, append Modifier 55 to the surgery procedure code with the **date of surgery as the date of service** and indicate the beginning date of the care in the electronic narrative field or Item 19 of the CMS-1500 claim form.



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When splitting the post-operative care, physicians must keep a copy of the written transfer agreement in the beneficiary's medical record.

For more information on the appropriate use of Modifier 55, visit [http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/\\_files/55.pdf](http://www.wpsmedicare.com/j5macpartb/training/resources/modifiers/_files/55.pdf) on our Website.