



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.

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 for a preplanned or prescheduled surgery, or 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, the E/M service must be billed with both the 24 and 57 modifiers.

Procedure codes:

| | |
|-------------|---------------------------------|
| 92002-92014 | E/M Ophthalmology Services |
| 99201-99499 | E/M all locations |
| 99241-99245 | Office/Outpatient Consultations |
| 99251-99275 | Inpatient Consultations |

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.

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------|----|---------------------|----|--------|----|----------------------------------------------------------------------|--|-----------|----------------------|----------|---------------|---------------------------------------------------------------------------|------------------|-------------------|----------------------|-----|--------------|----------------------|-----------------------------|--|
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 17a. | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES | | | | | | | | |
| | | | | | | | | | | 17b. NPI | | FROM MM DD YY TO MM DD YY | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | | | | | | | | \$ CHARGES | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | | | | | | | | | | | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| 1. 78900 | | | | | | | | | | 3. | | 22. MEDICAID RESUBMISSION CODE | | ORIGINAL REF. NO. | | | | | | |
| 2. 78701 | | | | | | | | | | 4. | | 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. EPSON Family Plan | | I. ID. QUAL. | | J. RENDERING PROVIDER ID. # | |
| MM | DD | YY | MM | DD | YY | | | CPT/HCPCS | MODIFIER | | | | | | | | | | | |
| 1 | 05 | 18 | 06 | | | 11 | | 99244 | 57 | | 1 | 69.00 | 001 | | | NPI | 1234567890 | SUPPLIER INFORMATION | | |
| 2 | 05 | 18 | 06 | | | 21 | | 44950 | | | 1 | 450.00 | 001 | | | NPI | 1234567890 | | | |
| 3 | | | | | | | | | | | | | | | | NPI | | | | |

Modifier applied to the incorrect code.

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|----------------------------------------------------------------------------------------------|----|---------------------|----|--------|----|----------------------------------------------------------------------|--|-----------|----------------------|----------|---------------|---------------------------------------------------------------------------|------------------|-------------------|----------------------|-----|--------------|----------------------|-----------------------------|--|
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 17a. | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES | | | | | | | | |
| | | | | | | | | | | 17b. NPI | | FROM MM DD YY TO MM DD YY | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | | | | | | | | \$ CHARGES | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | | | | | | | | | | | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| 1. 78900 | | | | | | | | | | 3. | | 22. MEDICAID RESUBMISSION CODE | | ORIGINAL REF. NO. | | | | | | |
| 2. 78701 | | | | | | | | | | 4. | | 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. EPSON Family Plan | | I. ID. QUAL. | | J. RENDERING PROVIDER ID. # | |
| MM | DD | YY | MM | DD | YY | | | CPT/HCPCS | MODIFIER | | | | | | | | | | | |
| 1 | 05 | 18 | 06 | | | 11 | | 99244 | | | 1 | 69.00 | 001 | | | NPI | 1234567890 | SUPPLIER INFORMATION | | |
| 2 | 05 | 18 | 06 | | | 21 | | 44950 | 57 | | 1 | 450.00 | 001 | | | NPI | 1234567890 | | | |
| 3 | | | | | | | | | | | | | | | | NPI | | | | |