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| <b>Coding Policy<br/>Policy and Procedure</b>                    |   |                        |
| SUBJECT:<br>Coding Policy 32.0 Modifier -57 Decision for Surgery | DEPARTMENT:<br><b>Health Care Services</b>  |                        |
| ORIGINAL EFFECTIVE DATE:<br>03/01                                | DATE(S) REVIEWED/REVISED:<br>03/02-03/09, 01/10, 01/11, 01/12, 01/13, 01/14,<br>01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21,<br>01/22 |                        |
| APPROVED BY:<br>Coding Policy Review Committee                   | NUMBER:<br><b>MC 32.0</b>   | PAGE:<br><b>1 of 1</b> |

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Health Plan Providers  
All Lines of Business

**POLICY:**

An Evaluation and Management (E/M) service that results in the initial decision to perform surgery may be identified by adding modifier 57 to the appropriate level of E/M service. The application of modifier 57 allows the E/M service to be reimbursed outside of the global surgical package. This applies only to major surgical procedures, i.e., those with a 90-day postoperative period.

**PROCEDURE:**

Evaluation and Management services that result in a decision to perform a major surgical procedure are to be billed with the modifier 57 attached.

The application of modifier 57 is restricted to visits where the decision to perform surgery is made prior to surgeries with 90-day postoperative global periods.

Modifier 57 is not accepted on E/M codes billed with procedure codes for closed treatment of fracture without manipulation. In the case of closed treatment of fracture without manipulation, no procedure is actually performed, so there is no evaluation with “decision for surgery” that is separate from the fracture care. The evaluation and the treatment are the same service.

Modifier 57 is not used with minor surgeries, i.e., procedures with 0- or 10-day global periods. The decision to perform surgery is included in the global payment of a minor procedure unless a significant, separately identifiable E/M service is performed. (See Payment Policy 31.0.)

**REFERENCE:**

Providence Health Plan Clinical Coding Edits  
National Correct Coding Initiative Policies and Edits  
Current Procedural Terminology (CPT)