

# Coding Policy

## Modifier -57: Decision for Surgery

CODING POLICY NUMBER: 32

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**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”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

### POLICY APPLICATION

- Providence Health Plan Participating Providers       Non-Participating Practitioners  
 Commercial       Medicaid/Oregon Health Plan       Medicare

#### \*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

### POLICY STATEMENT

- I. 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.

- II. The application of modifier 57 allows the E/M service to be reimbursed outside of the global surgical package.
- III. This applies only to major surgical procedures, i.e., those with a 90-day postoperative period.

## PROCEDURE

### GENERAL

Evaluation and Management (E/M) services that result in a decision to perform a major surgical procedure may be billed with modifier 57. Failure to use this modifier appropriately may result in denial of services.

Use of modifier 57 on E/M codes is restricted to visits where the decision to perform surgery is made for surgeries with 90-day global periods. A pre-operative visit may be paid separately from the global payment for a surgery with a 90-day global period if the patient presents with an unknown diagnosis, is evaluated and diagnosed at that visit, and a decision for immediate (i.e. the same or next day) surgery is made based on the diagnosis. The modifier should not be appended for preoperative evaluations for surgeries planned in advance or staged.

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 Coding Policy 31.0 (Modifier -25: Evaluation and Management Same Day as Procedure or Other Service).

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.

## CROSS REFERENCES

- Coding Policy 31.0 (Modifier -25: Evaluation and Management Same Day as Procedure or Other Service)

## REFERENCES

1. American Medical Association. Current Procedural Terminology (CPT)
2. Providence Health Plan Clinical Coding Edits

3. National Correct Coding Initiative (NCCI) Policies and Edits (cms.gov)

**POLICY REVISION HISTORY**

<b>Date</b>	<b>Revision Summary</b>
<b>3/2001</b>	<b>Original policy effective date.</b>
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.
5/2025	Annual review. Defined “immediate” decision.
5/2026	Annual review. Added Cross References section.