

**URMC Compliance Office**  
**Guidance for Use of Modifiers -54 and -55**

Surgical procedures are generally billed as a “global” package, meaning that physicians are reimbursed one fee that includes the preoperative care, the procedure itself, and the postoperative care. On occasion, a physician may not perform the entire package; they may perform only the surgical care or only the postoperative care. In such instances, the physician is not entitled to the “global” fee and an appropriate modifier must be added to the claim to ensure proper reimbursement.

**Modifier -54 Surgical Care Only:** add modifier 54 to the usual procedure code to report instances where the physician has performed the surgical care only; another physician has provided the preoperative and/or postoperative care.

**Modifier -55 Postoperative Management Only:** add modifier 55 to the usual procedure code to report when a physician has performed the postoperative care only; another physician has performed the surgical procedure itself. Postoperative care begins the day after surgery. If it becomes necessary for the physician who performed the procedure to address a problem during the postoperative period, it can be billed separately if the service contains a diagnosis which is separate from the original procedure.

Major procedures typically have a 90 day global period; some procedures have a postoperative period as low as 10 days. **Modifiers -54 and -55** cannot be used when the surgical procedure has no global days (0).

Some postoperative services are considered part of the global fee period and are not separately billable by the physician. Examples include: related E&M encounter on the date immediately before or on the date of the procedure, local filtration, digital blocks (metacarpal, metatarsal), topical anesthesia, written orders, evaluation of patient in recovery, standard postoperative care, lines and tubes including intravenous lines, nasogastric tubes, insertion, maintenance and removal of foley catheters, maintenance and removal of tracheostomy tubes, removal of drains, casts, splints, wires, sutures, and staples, care of the incision including dressings.

**References**

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