



Subject: Modifiers 54, 55 & 56

Effective Date: 8/2019

POLICY

Modifiers 54, 55 and 56 are used to indicate split surgical care for procedures with a 10 or 90 day global period. OSU Health Plan allows reduced benefits (depending on the modifier) for modifiers 54 and 55 only.

DEFINITIONS

CPT Modifier 54: Surgical care only (no pre- or post-operative management)

CPT Modifier 55: Post-operative care only

CPT Modifier 56: Pre-operative care only

APPLICABILITY

These modifiers only apply to surgical procedures that possess a global period and thus a surgical package of care. They do not apply to facility charges, ambulatory surgical facilities or services rendered in an Emergency Department. They also do not apply to surgical assistants.

Modifier	Description	Reimbursement
54	When a physician or other qualified healthcare professional provides only surgical care and relinquishes post-operative care to a provider of another practice, the procedure is billed with modifier 54	80% of Fee Schedule or UCR
55	When a physician or other qualified healthcare professional accepts the transfer of care from a provider of another practice, the procedure is billed with modifier 55	20% of Fee Schedule or UCR
56	Pre-operative care only	OSUHP does not cover

PROCEDURE

The surgery date should be listed as the service date while, elsewhere on the claim, the date care was either relinquished or accepted should be listed. The surgical procedure should be listed by both the surgeon and the provider of follow up care. Failure to do so will result in a denial of the claim. See example below:

Physician	Service Date-(date of surgery)	CPT
Dr A (performs surgery only)	1/1/2019	66982-54
Dr B (performs post-op care only)	1/1/2019	66982-55

REFERENCE

[CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 40.2](#) 