LifeWise
Health Plan of Washington

Payment Policy

cmi_051721

Title	**Modifier 57 – Decision for Surgery**		
Number	**CP.PP.188.v3.1**		
Last Approval Date	03/07/25	**Original Effective Date**	02/03/03
Cross Reference	*Global Surgery*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with Modifier 57 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	The Plan recognizes Modifier 57-*Decision for Surgery* when appended to an Evaluation and Management (E&M) service to indicate the E&M service resulted in the **initial decision** for any major procedure (90-day global period), either the day before a major procedure or the day of a major procedure. Modifier 57 should not be appended to an E&M code on the same day as a **minor** procedure (0- or 10-day global period). The E&M is considered **part of the preoperative care** and is included/bundled into the global fee for the minor procedure. In contrast, the preoperative period for a major procedure is defined as the day before and the day of the procedure. The determination of whether a procedure code is a major or minor procedure is determined by the current Center for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (LINK) "Global Days flag" indicator. See the "Global Surgery" Payment Policy for a full explanation of the global surgery indicator flags. Modifier 57 should not be appended to an E&M service which was for the **sole purpose** of rendering a preoperative evaluation. Modifier 57 should also not be appended to an E&M service that is associated with a major surgery that was **planned in advanced or staged**. The decision for surgery must be documented in the medical records for the E&M service and be available upon request for review. If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	None
Laws, Regulations & Standards	
References	• American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) • National Correct Coding Initiative (NCCI) Policy Manual, Chapter 1-General Correct Coding Principles

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	03/07/25; 04/11/24; 05/19/23; 06/06/22; 08/02/21; 08/17/20; 10/11/19; 10/18/18; 11/06/17; 11/08/16; 11/15/15; 11/23/14; 12/15/13; 01/13/13; 01/26/12; 01/27/11; 02/12/10; 03/24/09; 06/16/08; 05/13/07; 04/11/06; 02/28/06; 08/29/05; 04/26/05; 10/08/04; 03/05/04; 03/29/03; 07/17/01	
Version History	10/18/18	Clarification of the Policy statement
	08/17/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms
	08/02/21	Added the third paragraph in the Policy statement to identify "how" the minor and major surgery codes are identified and provided a link to the CMS National Physician Fee Schedule
	06/06/22	Annual review; no changes
	05/19/23	Added a minor clarification in the second paragraph of the Policy indicating that the preoperative period of a major surgery is defined as the day before and the day of the surgical procedure.
	04/11/24	Annual review; no changes
	03/07/25	Annual review; no changes