Optometry Coding & Billing Alert

Reader Question: Modifier -57 and Minor Procedures Don't Mix

Question: We use modifier -57 on separately identifiable E/M services during which the decision for surgery is made either on the day before or the day of a surgical procedure. We make sure the service warrants a separate charge, but we still get denied for the claims. Do you have any clue what we could be doing wrong?

California Subscriber

Answer: If you're tacking modifier -57 (Decision for surgery) onto minor surgical services, that's probably why you're seeing denials for these charges. Modifier -57 is used for separately identifiable E/M services rendered the day before or day of a major surgical package. Modifier -57 tells the payer, "We know that this preoperative visit is part of the surgical package, but the physician needed a separate, identifiable E/M in order to reach the decision to perform surgery." Usually services requiring that type of E/M visit have 90-day global packages. Minor services do not require that type of E/M visit from a physician.

If your physician does a consultation the day before or the day of surgery, and the physician decides that the patient needs surgery, you should put modifier -57 on your consultation codes.

-Advice for You Be the Coder and Reader Questions provided by **Raequell Duran**, president of Practice Solutions in Santa Barbara, California.