

## Modifier Coding Alert

### Reader Question: Surgery on Same Day as E/M Requires Modifier 57

**Question:** On the day our general surgeon admitted a patient with abdominal pain, he sees the patient developed a diabetic foot ulcer that needs to be drained in the operating room. The next day, he sees the patient again for the abdominal pain. Can I bill the initial visit with the debridement code 11047? How do I code the next day?

Kentucky Subscriber

**Answer:** With the surgeon documenting the details of the visit to include the decision for the surgery, the initial inpatient code from the 99221-99223 (Initial hospital care, per day, for the evaluation and management of a patient, ...) family, you can submit with modifier 57 (Decision for surgery). The debridement 11047 (Debridement, bone [includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed]; ...) is also billed.

**Caution:** Failure to attach modifier 57 to the E/M code will result in the payer bundling the E/M into the global surgical package for 11047, leading to a loss in deserved reimbursement.

The next day, your physician's visit is post-operative unless he sees the patient for the abdominal pain. If the doctor sees the patient for the abdominal pain, the documentation must clearly illustrate that the post-op visit is not related to the foot surgery. Modifier 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period) then needs to be attached to the procedure.

If during that visit your doctor determines that the patient needs surgery because of the abdominal pain (44025, Colotomy, for exploration, biopsy[s], or foreign body removal), then modifier 57 is needed again for the 99231-99233 (Subsequent hospital care, per day, for the evaluation and management of a patient, ...) visit.