

Modifier 57 -- Decision For Surgery

Last Updated: 10/1/2025

Last Reviewed: 10/10/2025

Originally Effective: 1/1/2000

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM029

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

An E/M service provided the day before or the day of a surgical procedure which resulted in the initial decision to perform surgery is eligible for separate reimbursement in addition to the global surgery allowance for the procedure code when all the following criteria are met:

- The surgical procedure code is a major surgery (global period of 090 days).
- Modifier -57 is appended to the E/M code.
- The medical record documentation supports the use of modifier 57.

The submission of modifier -57 appended to a procedure code indicates that documentation is available in the patient's records which will support that the E/M service resulted in the initial decision to perform the surgery, and that these records will be provided in a timely manner for review upon request.

Modifier -57 is not considered valid when the E/M service is associated with a minor surgical procedure (defined as having a 0- or 10-day global period).² If an evaluation and management (E/M, E&M) service is billed with modifier 57 appended and is identified as related to a minor surgery procedure, the service will be denied as included in the global surgery package despite the use of the modifier.

Modifier -57 may not be used when the E/M service was for the preoperative evaluation.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
E/M E&M E & M	Evaluation and Management (services, visit) (Abbreviated as "E/M" in CPT book guidelines, sometimes also abbreviated as "E&M" or "E & M" in some CPT Assistant articles and by other sources.)
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)

Definition of Terms

Term	Definition
Decision for Surgery Visit	An evaluation and management service that results in the initial decision to perform the surgery. ³
Major Surgical Procedure	A procedure code which has a global period of 090 days on the CMS Physician Fee Schedule. ²

Term	Definition
Minor Surgical Procedure	A procedure code which has a global period of 000 or 010 days on the CMS Physician Fee Schedule. ²

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 57	Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery, may be identified by adding modifier 57 to the appropriate level of E/M service. ³

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“Clinical Editing.”](#) Moda Health Reimbursement Policy Manual, RPM002.
- C. [“Global Surgery Package for Professional Claims.”](#) Moda Health Reimbursement Policy Manual, RPM011.
- D. [“Valid Modifier to Procedure Code Combinations.”](#) Moda Health Reimbursement Policy Manual, RPM019.
- E. [“Modifier 25 – Significant, Separately Identifiable E/M Service.”](#) Moda Health Reimbursement Policy Manual, RPM028.

Resources

- American Medical Association. “Surgery Guidelines.” *Current Procedural Terminology (CPT)*. Chicago: AMA Press.
- CMS. *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § D, “Evaluation and Management (E&M) Services”.
- American Medical Association. “Appendix A – Modifiers.” *Current Procedural Terminology (CPT)*. Chicago: AMA Press.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
10/10/2025	Coding Guidelines & Sources section retired; see Resources for information. Background Information section retired. Acronyms & Related policies updated. Policy History section info added to 9/14/2022 entry. Formatting updates. No policy changes.
8/14/2024	Updated Coding Guidelines & Sources. Formatting updates. No policy changes.
9/20/2023	Formatting/Updates. No policy changes.
9/14/2022	Idaho added to Scope. Policy History section added; entries prior to 2022 omitted (in archive storage). Formatting/Updates. No policy changes.
10/9/2013	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on CMS global surgery package/modifier 57 policy.