
-54 Surgical Care Only Modifier

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Surgical services include pre-operative, intraoperative, and postoperative care. When a physician or other qualified health care professional appends the -54 modifier to a surgical procedure it indicates that they performed the surgical procedure and are relinquishing all or part of the postoperative care to another provider.

When different providers in a group practice participate in the care of the patient, the global surgical package should be billed. The physician who performs the surgery should be listed as the performing physician.

Product Information

The information outlined below applies to Aspirus Medicare Advantage products.

Payment Information

Payment for eligible services payment will be based on the combined value of the pre- and inter-operative percentages as defined by Medicare. Detailed information is available in the Medicare Carriers Manual (See link below).

Appropriate Use

- The surgeon performs only the surgical procedure and pre-operative care, and the remainder of care is being relinquished to a provider from another group practice.
- The -54 modifier should be appended to surgical procedure codes only.
- The surgery performed has a 90- or 10-day global period.

Inappropriate Use

- The -54 modifier is appended to any service other than a surgical procedure with a global period of 90 or 10 days.
- Care during the global period was furnished by multiple providers in the same group practice.

Additional Links

[CMS Medicare Physician Fee Schedule Relative Value File \(MPFSRVF\)](#)

[Medicare Claims Processing Manual, Chapter 12, Section 40.4 Adjudication of Claims for Global Surgeries](#)

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