Anthem Blue Cross and Blue Shield

Global Surgical Modifiers

Anthem Blue Cross Blue Shield has identified a need to educate providers on the appropriate billing for global surgical procedures when one physician performs the surgery and another, who is not a member of the same group, performs the postoperative care.

Claims should be submitted with modifier 54 when the surgeon performs the surgery and relinquishes all or part of the postoperative care to a physician who is not a member of the same group. The global surgical procedure performed, with either 10 or 90 day postoperative care period, should be appended with the modifier 54.

The physician performing the postoperative care should bill with modifier 55 with the date of surgery as the date of service. The date postoperative care was assumed (relinquished by the surgeon) must be in Field 19 of the CMS 1500 form or the electronic equivalent. The assumed and relinquished care dates are required in order to properly reimburse the correct number of postoperative days. The physician rendering the postoperative care must coordinate billing with the surgeon to assure that the surgeon bills their claim with the 54 modifier.

Modifier 56 would only be used when a physician performed the preoperative care and another physician performed the surgical procedure. The preoperative component may be identified by adding the modifier 56 to the surgery procedure code. Note the 56 modifier is not valid to bill for Medicare claims.