

# Local Coverage Article: Billing and Coding: Pre/Postoperative Care: Date of Service (A53472)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

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## Article Information

### General Information

**Article ID**

A53472

**Original Effective Date**

10/01/2015

**Article Title**

Billing and Coding: Pre/Postoperative Care: Date of Service

**Revision Effective Date**

01/01/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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## CMS National Coverage Policy

Title XVIII of the Social Security Act 1862(a)(1)(A)

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, Sections 40.2 - 40.4

## Article Guidance

### Article Text:

*Where physicians agree on the transfer of care during the global surgery period, the following modifiers are used:*

- CPT modifier 54 - for surgical care only; or
- CPT modifier 55 - for postoperative management only

The claim for the surgical care and the claim(s) for the postoperative care must contain *the same date of service and the same surgical procedure code, with the services distinguished by the use of the appropriate modifier.*

### Appropriate

Date	CPT Code/Modifier	Surgeon/Physician
May 8	66982-54	Surgeon
May 8	66982-55	Post-op Care Physician

## Inappropriate

Date	CPT Code/Modifier	Surgeon/Physician
May 8	66982-54	Surgeon
May 9	66982-55	Post-op Care Physician

The surgeon and the physician(s) providing the postoperative care must collaborate to ensure the appropriate date of service and surgical code are submitted (with the appropriate CPT modifier).

Claims are being monitored and will be rejected when submitted inappropriately.

For more information regarding global surgery and transfer of care during the global surgery period, refer to the CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, Sections 40.2 - 40.4.

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS

CODE	DESCRIPTION
	PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
54	SURGICAL CARE ONLY: WHEN ONE PHYSICIAN PERFORMS A SURGICAL PROCEDURE AND ANOTHER PROVIDES PREOPERATIVE AND/OR POSTOPERATIVE MANAGEMENT, SURGICAL SERVICES MAY BE IDENTIFIED BY ADDING THE MODIFIER -54 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09954.
55	POSTOPERATIVE MANAGEMENT ONLY: WHEN ONE PHYSICIAN PERFORMS THE POSTOPERATIVE MANAGEMENT AND ANOTHER PHYSICIAN HAS PERFORMED THE SURGICAL PROCEDURE, THE POSTOPERATIVE COMPONENT MAY BE IDENTIFIED BY ADDING THE MODIFIER -55 TO THE USUAL PROCEDURE NUMBER OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09955.

**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R7	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> the code description was revised for CPT<sup>®</sup> code 66982 and CPT<sup>®</sup> codes 66987 and 66988 were added.</p> <p>This revision is due to the Annual CPT<sup>®</sup>/HCPCS Code Update and becomes effective on 1/1/20.</p>
11/21/2019	R6	<p>This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. Regulations regarding billing and coding were added to the <b>CMS National Coverage Policy</b> section of this article. Under <b>Coding Information CPT/HCPCS Codes Group 1: Codes</b> inserted CPT<sup>®</sup> 66982. Under <b>CPT/HCPCS Modifiers Group 1: Codes</b> added modifiers 54 and 55. Cpt<sup>®</sup> was inserted where appropriate throughout the article.</p>
02/26/2018	R5	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.</p>
10/19/2017	R4	<p>Under <b>Article Text</b>, some verbiage was italicized and changed in the first paragraph and the CMS Internet-Only Manual citation was added to the last paragraph.</p>
11/23/2016	R3	Annual validation performed-no changes made.
11/26/2015	R2	Annual validation performed-no changes made.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/27/2015	R1	Under Associated Documents added Statutory Requirements web site for Title XVIII of the Social Security Act 1862(a)(1)(A).

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## Associated Documents

### Related Local Coverage Document(s)

N/A

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

Title XVIII of the Social Security Act §1862(a)(1)(A)

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 12/03/2019 with effective dates 01/01/2020 - N/A

Updated on 11/12/2019 with effective dates 11/21/2019 - N/A

Updated on 01/31/2018 with effective dates 02/26/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## Keywords

- Preoperative
- Postoperative
- Surgical
- Date of Service