



Modifier 58 Fact Sheet

Definition:

- Indicates a staged or related procedure or service by the same physician during the postoperative period

Appropriate Usage:

- To report a staged procedure planned at the time of the original procedure
- When the staged procedure is more extensive than the original procedure
- For therapy following a diagnostic surgical procedure
- When performing a second or related procedure during the postoperative period.

Inappropriate Usage:

- Appending the modifier to ASC facility fee claims
- Appending the modifier to a procedure with XXX global period on the MPFSDB
- Appending the modifier to services listed in CPT as multiple sessions, (i.e. 67208, Destruction of localized lesion of retina, one or more sessions)
- Reporting the treatment of a complication from the original surgery that requires a return to the operating room
- Unrelated procedures during the postoperative period

Facts:

- A new postoperative period begins when the next procedure in the staged procedure series is billed.
- Staged procedures do not apply to claims for assistant at surgery or services of an ASC.
- Used during the post-operative period starting the day after the initial procedure.

Example:

The physician performed a D & C on May 1st and then performed a hysterectomy on May 9th. Billing the two procedures on the same claim is not necessary; however, it is acceptable.



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES								
										17b. NPI		FROM MM DD YY TO MM DD YY								
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES								
										<input type="checkbox"/> YES <input type="checkbox"/> NO										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line #)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.								
1. 6271										3.										
2. 1820										4.		23. PRIOR AUTHORIZATION NUMBER								
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY To MM DD YY										SERVICE		CPT/HCPCS MODIFIER								
1	05 01 06				22		58120				1	589.00	001		NPI	1234567890				
2	05 09 06				22		58260 58				2	575.00	001		NPI	1234567890				
3														NPI						

The physician performed a D & C on May 1st and then performed a hysterectomy on May 9th. The modifier is appended to the incorrect code.

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19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES								
										<input type="checkbox"/> YES <input type="checkbox"/> NO										
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