Effective for dates of service on and after November 1, 2006, Mississippi Medicaid will require that modifiers -54 and -55 be reported with the CPT surgery codes when appropriate. The modifiers will be acceptable on the CPT surgery code range 10000 – 69999.

Modifier	Description	Mississippi Medicaid Allowable
-54	Surgical Care Only	85% of Medicaid Allowable
-55	Postoperative Management Only	15% of Medicaid Allowable
-56	Preoperative Management Only	No separate benefits are allowed as preoperative management is inclusive in the allowance for surgical care. Surgical codes billed with modifier -56 will be denied.

Documentation

When one physician performs a patient's surgical service and another provides the postoperative management, an agreement for the transfer of care must be retained in the beneficiary's medical record. This agreement can be in the form of a letter, discharge summary, chart notation, or other written documentation, but in any case, both the surgeon and the physician who intends to provide the postoperative management must have a copy of the agreement.