SPLIT SURGICAL PACKAGE

File Name: split_surgical_package_MA
Origination: 6/2022
Last Review: 12/2022
Next Review: 12/2023

Description

The Surgical Package consists of the preoperative, surgical, and postoperative service. A split surgical package occurs when a component of the surgical package is rendered by a different physician or group practice than the physician / group practice performing the surgical service.

When one physician or other qualified health care professional performed a surgical procedure and another provider (not within the same group practice) performed the preoperative and/or postoperative management, the surgical component may be identified by adding modifier 54 to the usual procedure code.

When one physician or other qualified health care professional performed the postoperative management and another provider (not within the same group practice) performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure code.

When one physician or other qualified health care professional performed the preoperative care and evaluation and another provider (not within the same group practice) performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure code.

Claims may be processed according to same provider or same group practice. Same group practice is defined as a physician and/or other qualified health care professional of the same group and same specialty with the same Federal Tax ID number.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse components of the surgical package according to the criteria outlined in this policy.

Reimbursement Guidelines

Split surgical care modifiers 54, 55, and 56 are only valid with surgical procedure codes having a 10- or 90-day global period. All providers submitting split surgical care modifiers should use the same procedure code and use the actual surgery date as the date of service.

Services submitted with a 54, 55, and 56 modifiers are eligible for an allowed reimbursement according to the % value on the current CMS Physician Fee Schedule.

Services appended with either a 54, 55, or 56 modifiers will not be eligible for reimbursement when there is evidence that this service has been billed by another provider on the same date of service and paid at the global rate. Alternatively, global procedures will not be eligible for reimbursement when another provider has already billed that same procedure for the same date of service using modifiers 54, 55, or 56.

Service codes appended with modifier 55 or 56 will not be eligible for reimbursement when the same claim line is also appended with modifier 78, representing an unplanned return to the OR for a related procedure.

Emergency specialty physicians performing surgical procedures in place of service 23 will be eligible for reimbursement of the intraoperative percentage value on the current CMS fee schedule, with or without modifier 54. Emergency physicians who provide follow-up services for surgical procedures performed in emergency departments are encouraged to file the appropriate level of evaluation and management (E&M) code.

Rationale

In alignment with CMS and correct coding initiatives, Blue Cross NC will reduce reimbursement for services filed with modifier 54, 55, and 56.

Emergency physicians performing surgical procedures in place of service 23 do not render preoperative or postoperative management, therefore reimbursement is limited to the surgical component.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.

Modifier	Description
Modifier 54	Surgical Care Only
Modifier 55	Postoperative Management Only
Modifier 56	Preoperative Management Only
Modifier 78	Unplanned Return to the Operating Room/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

Related policy

Global Surgery

References

American Medical Association, *Current Procedural Terminology* (CPT®)

Centers for Medicare & Medicaid Services, CMS Manual System, and Medicare Claims Processing Manual 100-04

PFS Relative Value Files

History

6/1/2022	New policy developed. Medical Director approved. **Notification on 3/31/2022 for effective date 6/1/2022.** (eel)
12/31/2022	Routine Policy Review. Minor revisions only. (cjw)

Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing, and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield symbols are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.