BlueCross BlueShield of North Carolina MEDICARE

Reimbursement Policy	
Subject: **Split-Care Surgical Modifiers**	
Policy Number: **G-11005**	Policy Section: **Coding**
Last Approval Date: : **01/30/2023**	Effective Date: **01/01/2021**

**** Visit our provider website for the most current version of the reimbursement policies. If you aare using a printed version of this policy, please verify the information by going to **https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + Medicare℠ (HMO-POS D-SNP) member's benefit plan.

The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows reimbursement of **surgical codes** appended with split-care modifiers, unless provider, federal, or CMS contracts and/or requirements indicate otherwise.

The global surgical package consists of preoperative services, surgical procedures, and postoperative services. Total reimbursement for a global surgical package is the same regardless of how the billing is split between the different physicians involved in the member's care.

When more than one physician performs services that are included in the global surgical package, the total amount reimbursed for all physicians may not be higher than what would have been paid if a single physician provided all services.

Correct coding guidelines require that the same surgical procedure code (with the appropriate modifier) be used by each physician to identify the services provided when the components of a global surgical package are performed by different physicians.

Claims received with split-care modifiers after a global surgical claim have been paid will be denied.

When an assistant surgeon is used and/or multiple procedures are performed, assistant surgeon, and/or multiple procedure rules and fee reductions apply.

Related Coding		
Code	**Description**	**Comments**
Modifier 54- Surgical care only	When one physician or other qualified healthcare professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.	Reimbursed at 80%

Modifier 55- Post-operative care only	When one physician or other qualified healthcare professional performed the postoperative management and another has performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.	Reimbursed at 20%
Modifier 56- Pre-operative care only	When one physician or other qualified healthcare professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.	Not Payable

Policy History	
01/30/2023	Review approved: no changes
01/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • State contract

Definitions
General Reimbursement Policy Definitions

Related Policies and Materials
Assistant at Surgery (Modifiers 80/81/82/AS)
Code and Clinical Editing Guidelines
Modifier Usage
Multiple and Bilateral Surgery: Professional and Facility Reimbursement