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Split Surgical Package

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DESCRIPTION:

This policy describes reimbursement for components of the global surgical package. The policy applies to professional services reported on a CMS1500 claim form (or its electronic equivalent).

The surgical package consists of preoperative, intraoperative (surgical), and postoperative components. The surgical package is usually performed by a single physician. A split surgical package occurs when the postoperative care is rendered by a physician other than the physician performing the surgical service.

Split surgical package services are reported using the surgical procedure code appended by the appropriate modifier based on the services performed:

Modifier 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 modifier 54 to the usual procedure number.

Modifier 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 modifier 55 to the usual procedure number.

Modifier 56: Preoperative Management Only – when one physician performs the preoperative care and evaluation and another physician performs the surgical

procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

REIMBURSEMENT INFORMATION:

Florida Blue considers the surgical care rendered by a physician or other health care professional to include preoperative management. Accordingly, in split surgical package situations, the pre-operative and surgical care portions of the surgical package are combined by Florida Blue in the reimbursement of surgical codes appended with modifier 54. Preoperative care is not reimbursed separately. Postoperative care management may be reimbursed separately when a physician or other health care professional who is not within the same group practice as the operating physician provides the postoperative care as denoted by submission of the surgical code appended with modifier 55.

Split surgical package situations will be reimbursed not to exceed 100% of the total global surgical allowable amount, and are reimbursable at the percentages indicated as follows:

Modifier	Modifier Description	Percentage
54	Surgical care only (includes pre-operative and surgical care management)	70%
55	Postoperative management only	30%
56	Preoperative management only	0%

BILLING/CODING INFORMATION:

Services that include only a component of a global surgical service should be submitted with the appropriate surgical code and amended with the appropriate modifier to indicate a split surgical package. Only those surgeries that include post operative follow up days as part of the global surgical package are included in this payment policy.

HCPCS Coding/Modifiers:

54	Surgical care only (includes pre-operative and surgical care management)
55	Postoperative management only
56	Preoperative management only

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Global Surgery Policy

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT ®) , Professional Edition

COMMITTEE APPROVAL:

This Payment Policy was approved by the Florida Blue Payment Policy Committee on 01/26/10.

GUIDELINE UPDATE INFORMATION:

01/26/10	New Payment Policy
08/21/12	Revised – Changed name from BCBSF to Florida Blue

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