Payment Policy ID Number: 10-020

Original Effective Date: 07/01/2020

Revised: 10/17/2024

Split Surgical Package

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECTAT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICESPROVIDED TO TRULI MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

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 or other qualified health care 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.

Modifier 55: Postoperative Management Only – When one physician or other qualified health care professional performed the postoperative management and another 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 or other qualified health care 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.

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.

REIMBURSEMENT INFORMATION:

Truli for Health considers the surgical care rendered by a physician or other health care professional to include preoperative management. Accordingly, in split surgical package situations, the preoperative and surgical care portions of the surgical package are combined by Truli for Health 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 qualified health care professional that 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%

Where more than one physician bills for the postoperative care, Truli for Health will apportion the postoperative percentage according to the number of days each physician was responsible for the patient's care by dividing the postoperative allowed amount by the number of post-op days and that amount is multiplied by the number of days each physician saw the patient. Both physicians providing the postoperative care must keep a copy of the written transfer agreement in the patient's medical record.

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 postoperative follow up days as part of the global surgical package are included in this payment policy.

HCPCS Coding/Modifiers:

54	Surgical care only
55	Postoperative management only
56	Preoperative management only

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Global Surgery Package 10-009

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT ®), Professional Edition
2. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Chapter 12, Section 40.1.D, “Physicians Furnishing Less Than the Full Global Package” https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
3. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Chapter 12, Section 40.2, “Billing Requirements for Global Surgeries” https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

GUIDELINE UPDATE INFORMATION

02/11/2021	Annual Review
11/11/2021	Annual Review – no changes
10/20/2022	Annual Review – References reviewed and updated
10/19/2023	Annual Review – References reviewed and updated.
10/17/2024	Annual Review – Modifier 54 description updated. References reviewed and updated.