

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 our reimbursement policies. If you are 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 policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP). 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 CPT[®] codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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.

Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + MedicareSM (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.
NCBCBS-CR-RP-022669-23-CPN21251 May 2023

Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider 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%

Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO D-SNP)
 Split-Care Surgical Modifiers

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
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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: <ul style="list-style-type: none"> • CMS • State contract 	
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Definitions

General Reimbursement Policy Definitions
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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