Split Surgical Package Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The Surgical Package consists of the preoperative, surgical, and postoperative services. A Split Surgical Package occurs when the postoperative care is rendered by a physician other than the physician performing the surgical service. For example, one physician performs the surgical service only and turns the postoperative management over to a separate physician (not within the Same Group Practice).

For purposes of this policy, Same Group Physician and/or Other Health Care Professional includes all physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number (TIN).

Reimbursement Guidelines

Consistent with the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare Community Plan considers the surgical care rendered by the Same Group Physician and/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 UnitedHealthcare Community Plan in the reimbursement of surgical codes appended with modifier 54. Preoperative care is not reimbursed separately by submission of the surgical code appended with modifier 56. 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:

Modifier	Percentage
54	80%
55	20%
56	0%
TOTAL:	100%

More than one physician may furnish services included in the global surgical package. It may be the case that the physician who performs the surgical procedure does not furnish the follow-up care. Payment for the post-operative, post-discharge care is split among two or more physicians where the physicians agree on the transfer of care. When more than one physician furnishes services that are included in the global surgical package, the sum of the amount approved for all physicians may not exceed what would have been paid if a single physician provided all services, except where stated policies allow for higher payment. For instance, when the surgeon furnishes only the surgery and a physician other than the surgeon furnishes pre-operative and post-operative inpatient care, resulting in a combined payment that is higher than the global allowed amount. The surgeon and the physician furnishing the post-operative care must keep a copy of the written transfer agreement in the beneficiary's medical record. Where a transfer of care does not occur, the services of another physician may either be paid separately or denied for medical necessity reasons, depending on the circumstances of the case.

Using Modifiers "-54" and "-55"
Where physicians agree on the transfer of care during the global period, services will be distinguished by the use of the appropriate modifier.
For global surgery services billed with modifiers "-54" or "-55," the same CPT code must be billed. The same date of service and surgical procedure code should be reported on the bill for the surgical care only and post-operative care only. The date of service is the date the surgical procedure was furnished.
Modifier "-54" indicates that the surgeon is relinquishing all or part of the post-operative care to a physician.

- Modifier "-54" does not apply to assistant at surgery services.
- Modifier "-54" does not apply to an ASC's facility fees.

The physician, other than the surgeon, who furnishes post-operative management services, bills with modifier "-55."

- Use modifier "-55" with the CPT code for global periods of 10 or 90 days.
- Report the date of surgery as the date of service and indicate the date care was relinquished or assumed. Physicians must keep copies of the written transfer agreement in beneficiary's medical record.

The receiving physician must provide at least one service before billing for any part of the post-operative care.

State Exceptions

Florida

Modifier	Percentage
54	50%
55	25%
56	20%
TOTAL:	95%

<table>
<tr><td>Indiana</td><td>
<table>
<tr><th>Modifier</th><th>Percentage</th></tr>
<tr><td>54</td><td>90%</td></tr>
<tr><td>55</td><td>10%</td></tr>
<tr><td>56</td><td>0%</td></tr>
<tr><td>TOTAL:</td><td>100%</td></tr>
</table>
</td></tr>
<tr><td>Kansas</td><td>Effective 5/1/2012 the below exception applies for Kansas

<table>
<tr><th>Modifier</th><th>Percentage</th></tr>
<tr><td>54</td><td>80%</td></tr>
<tr><td>55</td><td>10%</td></tr>
<tr><td>56</td><td>0%</td></tr>
<tr><td>TOTAL:</td><td>90%</td></tr>
</table>
</td></tr>
<tr><td>Kentucky</td><td>The state of Kentucky does not reimburse for Modifiers 54,55 and/or 56. Kentucky is excluded from this policy.</td></tr>
<tr><td>Mississippi CAN</td><td>
<table>
<tr><th>Modifier</th><th>Percentage</th></tr>
<tr><td>54</td><td>85%</td></tr>
<tr><td>55</td><td>15%</td></tr>
<tr><td>56</td><td>0%</td></tr>
<tr><td>TOTAL:</td><td>100%</td></tr>
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</td></tr>
<tr><td>Missouri</td><td>Missouri publishes separate fees for codes with modifiers addressed in this policy. The percentages referenced in this policy are not applicable.</td></tr>
<tr><td>Washington DC</td><td>Washington DC manages the modifiers addressed in this policy within their Fee Schedule. The percentages referenced in this policy are not applicable.</td></tr>
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Definitions	
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.
Split Surgical Package	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 physician other than the physician performing the surgical service.
Surgical Package	A Surgical Package includes the following services in addition to the procedure: • Visits after the decision for a procedure is made beginning with the day before the procedure for a major procedure and the day of the procedure for all others; • Services that are normally a usual and necessary part of a procedure; • Complications Following the Procedure - All additional medical or surgical services required during the postoperative period because of complications which do not require additional trips to the operating room; • Postoperative Visits - Follow-up visits during the postoperative period that are related to recovery; • Post-procedure Pain Management; • Supplies - Except for those identified as exclusions; and

	• Miscellaneous Services - Items such as dressing changes; local incisional care; removal of operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

8/25/2024	Policy Version Change State Exceptions Section: Florida Updated History Section: Entries prior to 8/25/2022 archived.
1/1/2024	Policy Version Change Logo updated History Section: Entries prior to 1/1/2022 archived.
8/4/2008	Implemented by UnitedHealthcare Community & State