CODING POLICY	Split Global Surgical Package (Modifiers -54, -55, -56)
Effective Date: 01/2023 **Original Effective Date: 07/01/1996**	Coding Policy Number: MC 20.0
	Committee Approved Date: **01/23**
Approved by: Coding Policy Review Committee	

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY STATEMENT

Postoperative care is typically provided by the physician performing the procedure. There are circumstances when responsibility for postoperative care may be shared. The care is split between the physician performing the procedure and a qualified provider assuming the postoperative care. This policy applies to providers of similar skills and expertise. It does not apply to care assumed by the Primary Care Physician or Personal Care Physician. An example might be postoperative care provided by an Ophthalmologist and an Optometrist. 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 the fee allowance that would have been paid if a single physician provided all services

PROCEDURE

The physician performing the surgical procedure and any preoperative management bills the appropriate CPT code with modifier 54. The physician or provider assuming the postoperative care bills the same CPT code with modifier 55. When more than one physician bills for postoperative care, the postoperative care will be paid according to the number of days each physician was responsible for the patient's care. Split care must be agreed upon by each physician, so each physician will bill the correct number of days.

Financial impact of the modifiers when two providers split the global period:

- Modifier 54 "Surgical Care Only" - Reimbursement is 80% of the allowable for the procedure performed
- Modifier 55 "Postoperative Management Only" - Reimbursement is 20% of the allowable for the procedure performed
- Modifier 56 "Preoperative Management Only" - Informational only, no separate payment

Financial impact of the modifiers when two providers split the postoperative care:

- The appropriate percentage will be calculated to determine the reduced allowed amount, based on the number of days each provider reports caring for the patient postoperatively.
- A statement must be added to the CMS 1500 to indicate the days responsible for the patient's postoperative care (e.g., assumed care on 2/15/10 to 3/31/10).
  - It is recommended that this information be located in the comment or narrative field of the electronic claim record or in item 19 of the CMS 1500 paper claim form. This information is used to calculate the approved amount.
- A statement must be added to indicate the days responsible for the patient's postoperative care and Item 24G should include the number of days.

Surgeon #1 reports surgery CPT code with modifier 54 and the same CPT code with modifier 55 to represent the number of days postoperative care was provided.

Result: 80% of global for surgery and adjusted percent of 20% for the portion of postoperative care provided. (Allowed Amount x Percentage of postoperative care provided = Postoperative Allowable)

Surgeon #2 reports surgery CPT code with modifier 55 to represent the number of days postoperative care was provided.

Result: Adjusted percent of 20% for the portion of postoperative care provided. *(Allowed Amount x Percentage of postoperative care provided = Postoperative Allowable)*

For example, if the surgeon rendered 10 days of postoperative care and the other provider rendered 80 days, the allowable for the surgeon would be 11% (10 days divided by 90 days) of the total allowed amount for postoperative care. The allowable for the other provider would be 89% (80 days divided by 90 days) of the total allowed amount for postoperative care.

REFERENCES
1. CMS/Medicare Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Coding Edits