Coding Policy

Modifiers -54, -55, -56: Split Global Surgical Package

CODING POLICY NUMBER: 20

Effective Date: 6/1/2025
Last Review Date: 5/2025
Next Annual Review: 2026

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"). **The full Company portfolio of current coding policies is available online and can be accessed here.**

POLICY APPLICATION

☒ Providence Health Plan Participating Providers ☒ Non-Participating Practitioners

☒ Commercial ☒ Medicaid/Oregon Health Plan ☒ Medicare

POLICY STATEMENT

I. Postoperative care is typically provided by the physician performing the procedure; however, there are circumstances when responsibility for postoperative care may be shared.

II. The care is split between the physician performing the procedure and a qualified provider assuming the postoperative care.

III. 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.

A. An example might be postoperative care provided by an Ophthalmologist and an Optometrist.

IV. 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.

V. Report the same date of service and surgical procedure code on the surgical care and postoperative care bill. The date of service is the date the surgical procedure happened.

PROCEDURE

GENERAL

The physician performing the surgical procedure and any preoperative management bills the appropriate CPT code with modifier 54 appended. The physician or provider assuming the postoperative care bills the same CPT code with modifier 55 appended. These modifiers are only applicable to procedure codes with global periods of 10 or 90 days and are not valid for provider types to which the global surgery concept does not apply, such as assistant surgeons.

When the operating surgeon does not provide the patient's postoperative care, an agreement for the patient's transfer of care from the surgeon to the physician handling the postoperative care must be documented. If a transfer of care does not occur, the services of a physician other than the surgeon are reported with an evaluation and management (E/M) code or other appropriate code rather than using Modifier 55.

When more than one physician bills for postoperative care, the postoperative care will be paid according to the percentage of total days each physician was responsible for the patient's care. Split care must be agreed upon by each physician, and each physician must document and bill the correct number of days for appropriate reimbursement.

For Medicare lines of business only: HCPCS code G0559 may be used by providers other than the surgeon who performed postoperative management when there is no transfer of care. Criteria listed in the code description for G0559 must be met and documented in the patient's record. See also Coding Policy 12.0 (Global Surgical Package).

Financial Impact 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 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 in the narrative field of the electronic claim record or in item 19 of the CMS 1500 claim form indicating when the provider was responsible for the patient's postoperative care (e.g., assumed care on 2/15/25 to 3/31/25).
- The number of days the provider was responsible for the patient's postoperative care should be reported in item 24G of the CMS 1500 form.

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

CROSS REFERENCES

- Global Surgical Package, Coding Policy 12.0

REFERENCES

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

POLICY REVISION HISTORY

Date	Revision Summary
7/1996	**Original policy effective date.**
1/2023	Annual review. Converted to new template 5/2023.

1/2024	Annual review. No changes.
1/2025	Annual review. Added information about HPCS code G0559 (available for Medicare lines of business only). Added information about date of service for split global surgical package. Added reference to Coding Policy 12.0 (Global Surgical Package).
5/2025	Annual review. Added transfer of care, global period, and provider type requirements.