



Split Surgical Package Reimbursement Policy

Policy Title	Split Surgical Package Reimbursement Policy	
Policy Department	Payment Strategy and Operations	
Effective Date	10/1/2022	
Revision Date(s)		
Next Review Date		

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

A Split Surgical Package occurs when the postoperative care is rendered by a physician other than the physician performing the surgical service. This policy addresses reimbursement when components of a split surgical package are provided by two or more physicians.

Definitions:

- Same Group Practice All physicians or qualified 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.



Policy:

This policy addresses reimbursement when components of a split surgical package are provided by two or more physicians. The surgical procedure includes the preoperative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

When more than one physician (not within the same group practice) is involved in providing the surgical package, a split surgical package occurs. For example, one physician performs the surgical procedure and another furnishes the preoperative and/or postoperative care.

Split Surgical Package situations will be reimbursed not to exceed 100% of the total global surgical allowable amount.

Modifier	Percentage
54	80%
55	20%
56	0
Total	100%

Exception: Minor procedures in the Emergency Department "Physicians who provide follow-up services for minor procedures performed in emergency departments bill the appropriate level of office visit code. The physician who performs the emergency room service bills for the surgical procedure without a modifier.

Claim	Codes	<u>(if</u>
applic	able)	

Modifier 54 - Surgical Care Only:

When 1 (one) physician or other qualified heath care professional performs a surgical procedure and another provider 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 1 (one) physician or other qualified heath care professional performed 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 1 (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.

References

Global Surgeon

Chapter 12 - CMS Physicians/Non-Physicians