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| | | Reimbursement Policy |
| Subject: Split-Care Surgical Modifiers | | |
| Effective Date: 05/01/20 | Committee Approval Obtained: 10/03/18 | Section: Coding |
| <p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://mediproviders.anthem.com/va.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by HealthKeepers, Inc. if the service is covered for Anthem HealthKeepers Plus members. 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, HealthKeepers, Inc. may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, HealthKeepers, Inc. strives to minimize these variations.</p> <p>HealthKeepers, Inc. 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 this site.</p> | | |
| Policy | <p>HealthKeepers, Inc. does not allow reimbursement of surgical codes appended with “split-care modifiers” unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. The global surgical package consists of preoperative services, surgical procedures and postoperative services. Preoperative and postoperative care is not separately reimbursable and is considered part of the surgical reimbursement.</p> <p>Total reimbursement for a global surgical package is the same regardless of how the billing is split between the different physicians involved in</p> | |

<https://mediproviders.anthem.com/va>

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| | <p>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.</p> <p>When an assistant surgeon is used and/or multiple procedures are performed, assistant surgeon and/or multiple procedure rules and fee reductions apply.</p> |
| History | <ul style="list-style-type: none"> • Biennial review approved 10/03/18 and effective 05/01/20: Split care modifier reimbursement rule updated • Biennial review approved and effective 08/01/16: Definition section updated • Biennial review approved 05/12/14: Global surgical claim language added • Initial approval and effective date 11/01/13 |
| References and Research Materials | <p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Virginia Department of Medical Assistance Services policies • HealthKeepers, Inc.’s contract with the Virginia Department of Medical Assistance Services |
| Definitions | <ul style="list-style-type: none"> • Modifier 54: when one physician or other qualified health care 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 • Modifier 55: when one physician or other qualified health care 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 • Modifier 56: when 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 • General Reimbursement Policy Definitions |
| Related Policies | <ul style="list-style-type: none"> • Assistant at Surgery (Modifiers 80/81/82/AS) • Code and Clinical Editing Guidelines • Modifier Usage • Multiple and Bilateral Surgery: Professional and Facility Reimbursement |
| Related Materials | <ul style="list-style-type: none"> • None |