

Policy 1225

NHP/NHIC ~ Split Surgical Package Policy

Purpose: This policy describes reimbursement for services constituting components of the global surgical package. This policy applies to services reported using the CMS 1500 Claim Form or its equivalent.

Policy and Procedure: The surgical package consists of the preoperative, surgical, and postoperative service. 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 over the postoperative management to a separate physician (not within the same group practice).

For purposes of this policy, “same individual physician” is defined as the same individual rendering health care services reporting the same Federal Tax Identification number. “Same group physician” includes all physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.

Consistent with CMS, NHP/NHIC considers the surgical care rendered by a physician or other health care professional to include pre-operative management. Accordingly, in split surgical package situations, the pre-operative and surgical care portions of the surgical package are combined by NHP/NHIC in the reimbursement of surgical codes appended with modifier 54. Pre-operative care is not reimbursed separately. Post-operative care management may be reimbursed separately when a physician or other health care professional that is not within the same group practice as the operating physician provides the post-operative 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 as follows:

Modifier	Modifier Description	Percentage
54	Surgical care only (includes pre-operative and surgical care management)	70%
55	Post-operative management only	20%
56	Pre-operative management only	10%
Total		100%

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

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