

| Reimbursement Policy | |
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| Title: Split Surgical Package | |
| Policy Number: RP-P-370X | Application: All Medica Members |
| Last Reviewed: 12/08/2022 | Effective Date: 11/01/2004 |
| Related Policies: N/A | |

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

| Summary: |
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| This policy addresses reimbursement when components of a split surgical package are provided by two or more physicians. |

| Policy Statement: |
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A surgical package consists of the preoperative and postoperative management as well as surgical care associated with a surgical procedure. 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 surgery and another provides the preoperative and/or postoperative care.

Medica reimburses separately for each component of the split surgical package when the appropriate modifier is appended to the surgical procedure code. The table below lists applicable modifiers, descriptions and reimbursement amounts for split surgical as well as co-managed vision services:

| Modifier | Modifier Description | Percentage |
|----------|-------------------------------|------------|
| 54 | Surgical Care Only | 80 |
| 55 | Postoperative Management Only | 20 |
| 56 | Preoperative Management Only | 0 |

| Definitions: |
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| <p>Same Group Practice – All physicians or qualified health care professionals of the same group reporting the same federal Tax Identification Number.</p> |
| <p>Co-Managed Vision – A split surgical package that applies to ophthalmology procedures when different physicians or other qualified health care professionals perform the preoperative management, surgical care and postoperative management services. Note: On the claim form, the physician billing for the post-operative care must include the date care was assumed and relinquished. These dates must be indicated in the remarks field or free text segment on the claim form. (Assumed Care: MM/DD/YYYY; Relinquished Care: MM/DD/YYYY)</p> |

| Resources: |
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| Centers for Medicare and Medicaid Services (CMS) |
| Current Procedural Terminology (CPT®) |
| Healthcare Common Procedure Coding System (HCPCS) |
| National Physician Fee Schedule (NPFs) |

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| Effective Date: | 11/01/2004 |
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| Revision Updates: | |
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| 12/08/2022 | Annual Policy Review |
| 01/14/2022 | Template Update |
| 10/08/2021 | Annual Policy Review |