

# PROVIDER BULLETIN

## PROVIDER INFORMATION



May 6, 2015

### Modifier -54 Payment Reduction

Effective July 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will revise the payment allowance for surgical procedure codes submitted with the -54 modifier.

Currently, Blue Cross policy for modifier -54, as found in the Blue Cross Provider Policy and Procedure Manual, indicates that payment will be made at 90% of the surgery allowed amount. For claims received and processed on or after July 1, 2015, the payment amount will be changed to **80%** of the surgery allowed amount.

The following will be published as part of the Reimbursement Policy – General Coding 001 – Modifier Policy.

Modifier	Definition	Submission Guidelines	Impact to Payment
-54	Surgical Care Only	Append -54 when one physician performs the intraoperative portion of a surgical procedure while another practitioner(s) from a different practice provides preoperative and/or post-operative management. Surgery should be billed globally (no modifier) if the pre-, intra-, and postoperative services are rendered by the same provider or other practitioners who are employed by the same clinic (same tax ID number).	Payment is made at 80% of the surgery allowed amount.

### Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.