n05684

Postoperative Co-Management Care (Modifier 55)

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all lines of business, when claims are submitted with Modifier 55 for postoperative, co-management care.

Policy Detail:

I. Network Health will process claims submitted for postoperative, co-management care when the service is submitted with one (1) unit.

II. The Provider must document the dates the care was assumed and relinquished in the remarks/free text field or line 19 on the Centers for Medicare & Medicaid Services (CMS) HCFA 1500 claim form.

A. If the postoperative co-management care service is submitted with more than one (1) unit, the line(s) will be denied with Claim Adjustment Reason Code (CARC) Code 151 "*Payment adjusted because this payer deems the information submitted does not support this many/frequency of services*".

B. If the provider does not submit the dates care was assumed and relinquished, **or** the assumed/relinquished date with the corresponding days (units) in the remarks/free text field, the claim will be denied with CARC Code 16 "*Claim/service lacks information or has submission/billing error(s)"* and Remittance Advice Remark Code (RARC) Code N130 "*Missing/incomplete/invalid assumed or relinquished care date."*

C. The provider may submit a corrected claim following Network Health Plans Claim Submission Policy and it will be reconsidered for payment.

Related Policies:

Claims Submission Policy

Definitions:

Modifier 55: Postoperative management only

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