Reimbursement Policy	
Subject: **Global Surgical Package**	
Policy Number: **G-06041**	Policy Section: **Surgery**
Last Approval Date: **01/30/2023**	Effective Date: **01/30/2023**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://medicareprovider.healthybluemo.com**. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Healthy Blue Medicare Advantage benefit plan. 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Healthy Blue Medicare Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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, Healthy Blue Medicare Advantage strives to minimize these variations.

Healthy Blue Medicare Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Healthy Blue Medicare Advantage allows reimbursement for the global surgical package unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Healthy Blue is the trade name of Missouri Care, Inc., an independent licensee of the Blue Cross Blue Shield Association.
MOHB-CR-RP-022538-23-CPN21185 April 2023

Healthy Blue Medicare Advantage follows CMS Global Surgery indicators codes, including the supplementary indicators XXX, YYY, and ZZZ. The global surgery package may be furnished in any setting and reimbursement applies to both minor and major surgical procedures as defined by their postoperative periods of 0, 10, or 90 days.

Included in the Global Surgical Package

Reimbursement for the following components is included within the global surgical package and not eligible for separate reimbursement when they are reported by the operating surgeon, or by providers in the same group with the same specialty. Non-physician providers (NPPs) in the same group as the operating surgeon are considered to be of the same specialty as the operating surgeon:

- Preoperative services rendered after the decision is made to operate:
    - Beginning with the day before major procedures
    - Beginning with the day of surgery for minor procedures
- E/M services rendered after the decision for surgery has been made
- Intraoperative services that are normally a usual and necessary part of a surgical procedure:
    - Miscellaneous surgical services and supplies used during the surgery:
        - Surgical kits
    - Fluid and drug administration services:
        - Therapeutic drugs
        - Prophylactic drugs
        - Local anesthetic injections
        - Anesthetic blocks or agents
        - Topical anesthesia
        - Unspecified/unclassified drug codes administered by the operating provider
        - Intraoperative pain management & devices
        - Moderate sedation
- Visits during the postoperative periods that are related to recovery from the surgery regardless of place of service
- Medical or surgical services due to post operative complications, which do not require additional trips to the operating room and that are not categorized as a hospital-acquired condition (HAC) or present on admission (POA)
- Postsurgical pain management by the surgeon
- Physical Therapy, Occupational Therapy, and Speech Therapy

Separately Reimbursable from Global Surgical Package

The following services are not included in the payment amount for the global surgery and are separately reimbursable expenses:

- The initial consultation or evaluation by the surgeon to determine the need for a major surgical procedure.
- Services of other physicians except where the surgeon and the other physician(s) agree on the transfer of care; the agreement must be in the form of a letter or an annotation in the discharge summary, hospital record or ambulatory surgical center (ASC) record.
- Visits during the postoperative period of surgery that are unrelated to the diagnosis of the surgery, unless the visits occur due to complications of the surgery.

- Treatment for an underlying condition or an added course of treatment which is not part of the normal recovery from surgery.
- Diagnostic tests and procedures.
- Clearly distinct surgical procedures during the postoperative period that are not re-operations or treatment for complications.
- Treatment for postoperative complications which require a return trip to the operating room.
- The second procedure if a less extensive procedure fails and a more extensive procedure is required.
- Immunosuppressive therapy for an organ transplant.
- Critical care services unrelated to the surgery where a seriously injured or burned member is critically ill and requires constant attendance of the physician.
- Clinic fees or any other facility fees reported on a UB-04 claim form associated with typical post-operative care.
- Surgical clearance from provider other than the treating physician when there is a high risk of comorbidity.

Providers must use applicable *HIPAA*-compliant modifiers for any services provided during the post-operative period.

Unlisted Surgical Procedures Included in Global Package (YYY)
Reimbursement for an unlisted surgical procedure is based on the review of the unlisted code on an individual claim basis. Claims submitted with unlisted codes must contain the following information and/or documentation describing the procedure or service performed for consideration during review:

- A written description
- Office notes
- An operative report

Add-on Surgical Procedures Included in Global Surgical Package (ZZZ)
The global surgical period for an add-on surgical procedure will be based on the primary surgical code.

Related Coding
Standard correct coding applies

Policy History

01/30/2023	Review approved and effective: updated policy with minor language changes for clarity; updated services Included in the Global Surgical Package; updated Separately Reimbursable from the Global Surgical Package; added definitions; added Supplementary Indicator codes and descriptions; updated Related Policy and Materials section
04/28/2021	Review approved and effective: added Physical Therapy, Occupational Therapy and Speech Therapy to the separately reimbursable section
01/01/2021	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2022
- State contract

Definitions

Global Surgery	The global surgical package, also called global surgery, includes all the necessary services normally furnished by a surgeon before, during, and after a procedure.
Major procedures	Codes that have a 90-day global surgical period
Minor procedures	Codes that have either a 0-day global or a 10-day global surgical period based on complexity
MMM	Maternity codes; usual global period doesn't apply
XXX	Codes that the global surgery concept does not apply
YYY	The Health Plan/MAC determines the global period. The global period for these codes will be 0, 10, or 90 days
ZZZ	Code related to another service (add-on code) and is always included in global period of the primary service
Preoperative care	Preparation and management of a patient prior to surgery
Postoperative care	Care received after the surgery that is related to recovery from the surgery
General Reimbursement Policy Definitions	

Related Policies and Materials

Claims Requiring Additional Documentation
Duplicate or Subsequent Services on the Same Date of Service
Modifier 24
Modifiers 25 and 57
Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period
Modifier Usage
Other Provider Preventable Conditions (OPPC)
Professional Anesthesia Services
Split-Care Surgical Modifiers
Unlisted, Unspecified and Miscellaneous Codes