

Reimbursement Policy	
Subject: Global Surgical Package	
Policy Number: G-06041	Policy Section: Surgery
Last Approval Date: 04/21/2020 <u>TBD</u>	Last Approval Date: 04/21/2020 <u>TBD</u>

**** 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://provider.healthybluelouisiana.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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. 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 both participating and nonparticipating providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

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

Policy

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

Healthy Blue follows CMS global surgery values-indicator 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

[Website]

[Disclaimers]

BLA-RP-XXXX-XX [rdate]

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 ~~and the~~
 - 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 ~~location~~
- Treatment for all additional medical or surgical services due to post operative complications required of the surgeon during the postoperative period of the surgery because of 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
- ~~Miscellaneous surgical services and supplies used during the surgery~~

~~Unlisted Surgical Procedures Included in Global Package~~

~~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~~

~~The global surgical period for an add-on surgical procedure will be based on the primary surgical code.~~

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 reoperations 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
- Surgical clearance from provider other than the treating physician when there is a high risk of comorbidity

Providers must use applicable HIPPA-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

- 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

<u>TBD</u>	<u>Biennial review approved and effective TBD: updated policy with minor language changes for clarity, updated Services Included in the Global Surgical Package, and Separately Reimbursable from the Global Surgical Package, added definitions. Added Supplementary Indicator codes and descriptions. Updated Related Policy and Materials section.</u>
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04/21/2020	Biennial review approved and effective 04/21/20: Updated policy language, 2nd bullet under separately reimbursable from Global Surgical Package
12/28/2017	Reviewed 12/28/17: Policy language updated
05/01/2017	Biennial review approved 05/01/17: Policy language updated
12/29/2015	Biennial review approved 12/29/15: Policy template updated
12/31/2013	Biennial review approved 12/31/13 and effective 12/31/13: Disclaimer updated; policy language updated
11/21/2011	Review approved 11/21/11: Policy template updated; policy language updated
10/11/2010	Review approved 10/11/10: Policy language updated; Background section/policy template updated
09/21/2009	Review approved 09/21/09: Background section/policy template updated
07/17/2006	Initial policy approved and effective: 07/17/06

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2022
- State Medicaid
- State contract

Definitions

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

General Reimbursement Policy Definitions

Related Policies and Materials

Claims Requiring Additional Documentation

Duplicate or Subsequent Services on the Same Date of Service

Modifier 24: ~~Unrelated Evaluation and Management Service by the Same Physician During the Postoperative Period~~

Modifier 25 & 57: ~~Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service with Global Procedures~~

<u>Modifier 57: Decision for Surgery</u>
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)
<u>Professional Anesthesia Services</u>
Split-Care Surgical Modifiers
Unlisted and Miscellaneous Codes