

n05683
Global Surgery

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 for global surgical packages within the global period.

Policy Detail:

- I. A global period is the time frame that applies to certain procedures subject to the global surgical package concept whereby all necessary services normally furnished by a physician (pre-operative, intra-operative and post-operative) are included in a single payment.
- II. For purposes of this guideline, same physician and/or other health care professional is defined as a physician and/or other health care professional of the same group, and same specialty, reporting the same Taxpayer Identification Number (TIN).
- III. Network Health follows the Centers for Medicare and Medicaid Services (CMS) regarding global surgery values as set forth in the National Physician Fee Schedule (NPFS) Relative Value File, except as noted below. Network Health also follows CMS in regard to services included in, and excluded from, the global surgical package.

CMS applies a 0,10- or 90-day global period to certain procedures as follows:

Global Period Assigned by CMS	Value Description
000	Endoscopic or minor procedures with related preoperative and postoperative relative values on the day of the procedure are reimbursable services. E/M services on the day of the procedure are not reimbursable except as noted within this guideline.
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period are - included in the global package. E/M services on the day of the procedure and during the 10 day postoperative period are not reimbursable except as noted within this guideline. Procedures having a 0, 10 or 90-day global

	value that are performed during the postoperative period of a procedure having a 10-day global value are included in the global package of the initial procedure and are not separately reimbursable except as noted within this guideline.
090	Major procedures with a 1-day preoperative period and 90-day postoperative period included in the global package. E/M services on the day prior to the procedure, the day of the procedure, and during the 90-day postoperative period are not reimbursable except as noted within this guideline. Procedures having a 0, 10- or 90-day global value that are performed during the postoperative period of a procedure having a 90-day global value are included in the global package of the initial procedure and are not separately reimbursable except as noted within this guideline.

CMS does not have timeframes assigned to other certain procedures. In those instances, CMS has assigned value descriptors and no global period as follows:

Value Assigned by CMS	Value Description
MMM	Maternity codes; usual global period does not apply.
XXX	The global concept does not apply to the code.
YYY	These are unlisted codes, and subject to individual pricing. Network Health has assigned a 0-day global period to these codes.
ZZZ	These represent add-on codes. They are related to another service and are always included in the global period of the primary service. Network Health has assigned a 0-day global period to these codes.

IV. Services Included in the Global Package:

- A. Preoperative visits are not separately reimbursable services when performed within the assigned global period by the physician or partner of the same specialty.
- B. For major procedures (those having 90-day global value), visits on the day before and on the day of are included in the global period and are not reimbursed separately.
- C. For minor procedures (those having other than a 90-day global value), visits on the day of surgery are included in the global period and are not reimbursed separately.

- D. Complications following a procedure, including all additional medical and/or surgical services required of a physician (not resulting in a return trip to the operating room) that occur within the designated global period.
- E. Postoperative visits: including follow-up visits that occur within the designated global period that are related to the patient recovery following surgery.
- F. Post-procedure pain management by the surgeon or a physician of the same TIN and specialty.
- G. Selected supplies with the exception of those noted under *Services Not Included in the Global Surgical Package*.
- H. Miscellaneous services related to the procedure:
 - 1. Dressing changes
 - 2. Local incision care
 - 3. Insertion, irrigation, and removal of urinary catheters
 - 4. Routine peripheral intravenous lines
 - 5. Nasogastric and rectal tubes
 - 6. Changes and removals of tracheostomy tubes
 - 7. Removal of operative pack
 - 8. The removal of cutaneous sutures/staples, lines, wires, tubes, drains and casts and splints
 - 9. Procedures having a 0, 10, or 90-day global value that are performed during the postoperative period of the procedure having a 10 or a 90-day global value are considered included in the global package of the initial procedure unless an appropriate modifier is appended.

V. Services Not Included in the Global Package:

- A. Services of a physician who is not the operating surgeon or physician of the same TIN and specialty as the operating surgeon.
- B. The initial consultation or evaluation of the problem by the surgeon resulting in the decision to perform a major procedure.
- C. Unrelated or significant and separately identifiable evaluation and management services by the operating physician or a physician of the same federal tax identification number and specialty that are not related to the diagnosis for which the procedure was performed.
- D. Critical care services unrelated to the surgery for a seriously injured or burned patient who is critically ill and requires constant attendance of the physician.
- E. Diagnostic tests and procedures (including labs and x-rays).
- F. Splints, casting supplies and other devices to treat fractures and dislocations.
- G. Reapplication of a cast.
- H. Staged or related procedures or services by the same physician during the postoperative period.

- I. Treatment by the original physician for a related postoperative complication that requires a return trip to the operating room.
- J. Clearly distinct procedures performed by the original surgeon during the global period that are not re-operations or treatment for complications of the original procedure.
- K. Immunosuppressive therapy for organ transplants when provided by the physician

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Related Policies:

Claim Submission Policy

Unbundling Policy

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