

Global Surgical Package

Reimbursement Policy ID: RPC.0012.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy describes payment of the global surgical package to providers contracted with AmeriHealth Caritas Ohio.

The Centers for Medicare and Medicaid Services (CMS) defines the global surgical package as the inclusion of all necessary pre-operative, intra-operative, and postoperative services and supplies normally furnished for a surgical procedure. No separate payment is made to the surgeon, or the surgeon's group specialty practice, for services or supplies that are considered inclusive to the global surgical package. Payment of the global surgical package is consistent with Ohio Administrative Code (OAC) rule 5160-4-22, as "no separate payment is made to the provider of a surgical service for local infiltration, the administration of general anesthesia or sedation, normal uncomplicated preoperative and postoperative care, or any procedure that is performed incidental to or as an integral part of the operation."

AmeriHealth Caritas Ohio follows CMS and Ohio Department of Medicaid (ODM) with regard to payment of the global surgical package. Providers must submit clean claims, using appropriate CPT/HCPCS procedure codes, and their modifiers. Services must be medically necessary.

Exceptions

N/A

Coding

AmeriHealth Caritas Ohio utilizes CMS National Physician Fee Service (NPFS) global payment indicators and National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits to prevent payment outside of the global surgical package. Once a claim for surgery has been submitted and processed for reimbursement, any claims for other services or supplies furnished by the surgeon during the pre-operative period, on the day of surgery, or during the postoperative period of surgery are considered global to the surgery and will be denied if submitted for separate payment.

A NPFS global payment indicator reflects the number of postoperative days included in the global surgical package for a surgery:

- “000” is the global payment indicator for some minor surgeries (e.g., endoscopies).
 - Services and supplies furnished on the day of surgery, including the decision for surgery, are included in the global surgical package for minor surgery.
 - There is no day before the surgery that is considered the pre-operative period for minor surgery.
 - For minor surgeries with the “000” global payment indicator, there are no days after the surgery that are considered the postoperative period.
- “010” is the global payment indicator for other minor surgeries.
 - Services and supplies furnished on the day of surgery, including the decision for surgery, are included in the global surgical package for minor surgery.
 - There is no day before the surgery that is considered the pre-operative period for minor surgery.
 - For minor surgeries with the “010” global payment indicator, the 10 days immediately after the day of surgery are considered the postoperative period. Services and supplies furnished during these 10 days are considered postoperative, and therefore are included in the global surgical package.
- “090” is the global payment indicator for all major surgeries.
 - Services and supplies furnished on the day of surgery are included in the global surgical package for major surgery. (See below regarding the decision for major surgery.)
 - Services performed on the day before surgery are considered pre-operative, and therefore are included in the global surgical package for major surgery. (See below regarding the decision for major surgery.)
 - The 90 days immediately after the day of surgery are considered the postoperative period for major surgery. Services and supplies furnished during these 90 days are considered postoperative, and therefore are included in the global surgical package.

The most comprehensive CPT/HCPCS code(s) for the surgery performed must be submitted for reimbursement. Any services and supplies that have their own CPT/HCPCS codes but are considered integral to the surgery being performed should not be submitted for separate payment. This includes surgical approach and imaging guidance.

Postoperative follow-up services must be reported as CPT 99024. This includes pain management and treatment of any complications from the surgery that do not require a return to the operating room.

Services that were furnished during the pre-operative period, on the day of surgery, or during the postoperative period of surgery but are not normally furnished for the surgery may be reimbursable if separately reported with the appropriate modifier. This includes, but is not limited to:

- The decision for major surgery on either the day before surgery or the day of the surgery. (See note further below)
- An E/M service unrelated to a minor surgery on the same day as the surgery. See Reimbursement Policy RPC.0009.7700 on Significant, Separately Identifiable Evaluation and Management Service (Modifier 25)

- Distinct, unrelated procedures performed during the same operative session. See Reimbursement Policy RPC.0010.7700 on Distinct Procedural Service (Modifier 59, X{EPSU})
- Procedures and E/M services unrelated to the surgery during the postoperative period, including treatment of the underlying condition for which the surgery was performed
- Staged procedures performed during the postoperative period
- Treatment of postoperative complications that require a return to the operating room

Note: Per AMA CPT Assistant (May 2008/Volume 19), once the decision for major surgery has been made, any pre-operative visits by the surgeon are included in the global surgical package and should not be submitted for payment, even before the start of the global period. This includes the History & Physical (H&P).

Refer to CPT/HCPS manuals for complete descriptions of procedure codes and their modifiers, NCCI manuals for correct coding policies, NCCI and NPFS files for indicators, and ODM billing resources for fee schedules and guidelines.

Definitions

Global Surgical Package

Per CMS, “The global surgical package, also called global surgery, includes all the necessary services normally furnished by a surgeon before, during, and after a procedure. Payment for a surgical procedure includes the pre-operative, intra-operative, and postoperative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.”

Minor Surgery

A minor surgery is a procedure with a 0- or 10-day global postoperative period.

Major Surgery

A major surgery is a procedure with a 90-day global postoperative period.

Applicable Claim Types

Line of Business	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

Edit Sources

- I. *Current Procedural Terminology (CPT®)*, *Healthcare Common Procedure Coding System (HCPCS)*, *International Statistical Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)*, and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS) *National Physician Fee Schedule (NPFS) Relative Value Files*: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
- III. Centers for Medicare and Medicaid Services (CMS) *National Correct Coding Initiative (NCCI)*: <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>

- IV. Centers for Medicare and Medicaid Services Centers for Medicare and Medicaid Services (CMS) *Global Surgery Booklet*: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166Printfriendly.pdf>
- V. Ohio Administrative Code 5160-4-22 *Surgical Services*: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-4-22>
- VI. Ohio Department of Medicaid (ODM) fee schedules and other billing resources: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

Attachments

N/A

Policy History

12/13/2022	AmeriHealth Caritas Implementation
12/13/2022	Reimbursement Policy Committee Approval