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| <b>Reimbursement Policy</b>   |
| <b>Surgery Global Days: Professional Reimbursement</b>  |
| Committee Approval Date: <b>07/01/2021</b>  |
| <p>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 the member's plan. 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. Unless otherwise noted within the policy, our policies apply to both participating and non-participating providers and facilities. If appropriate coding/billing guidelines or current reimbursement policies are not followed, MHHP may reject/deny claim, recover/recoup payment or adjust the reimbursement to reflect the appropriate services and/or procedures performed. These policies may be superseded by mandates in provider contracts, or state, federal or CMS requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, MHHP strives to minimize these variations.</p> |
| <p><b>References:</b> <a href="https://www.cms.gov/files/document/medicare-claims-processing-manual-chapter-12">https://www.cms.gov/files/document/medicare-claims-processing-manual-chapter-12</a></p>   |
| <p><a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf</a></p>  |
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**Policy Statement**

The Global Period assignment or Global Days Value is the time frame that applies to certain procedures subject to a Global Surgical Package concept whereby all necessary services normally furnished by a physician (before, during and after the procedure) are included in the reimbursement for the procedure performed. Modifiers should be used as appropriate to indicate services that are not part of the Global Surgical Package.

For purposes of this policy, Same Specialty Physician or Other Qualified Health Care Professional is defined as physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number (TIN). There are three types of global surgical packages based on the number of post-operative days.

0-Day Post-operative Period (endoscopies and some minor procedures).

- No pre-operative period
- No post-operative days
- Visit on day of procedure is generally not payable as a separate service

10-Day Post-operative Period (other minor procedures).

- No pre-operative period
- Visit on day of the procedure is generally not payable as a separate service.
- Total global period is 11 days. Count the day of the surgery and the 10 days immediately following the day of the surgery.

90-day Post-operative Period (major procedures).

- One day pre-operative included
- Day of the procedure is generally not payable as a separate service.
- Total global period is 92 days. Count 1 day before the day of the surgery, the day of surgery, and the 90 days immediately following the day of surgery.

### **Pre-Operative Period Billing**

In addition to the CPT E/M code, modifier “-57” (Decision for surgery) is used to identify a visit that results in the initial decision to perform surgery.

The modifier “-57” is not used with minor surgeries because the global period for minor surgeries does not include the day prior to the surgery.

### **Day of Procedure Billing**

Modifier “-25” (Significant, separately identifiable E/M service by the same physician on the same day of the procedure), indicates that the patient’s condition required a significant, separately identifiable E/M service beyond the usual pre-operative and post-operative care associated with the procedure or service.

### **Post-Operative Period Billing**

Two CPT modifiers are used to simplify billing for visits and other procedures that are furnished during the post-operative period of a surgical procedure, but not included in the payment for surgical procedure.

Modifier “-79” (Unrelated procedure or service by the same physician during a post-operative period). The physician may need to indicate that a procedure or service furnished during a post-operative period was unrelated to the original procedure. A new post-operative period begins when the unrelated procedure is

billed.

Modifier “-24” (Unrelated E/M service by the same physician during a post-operative period). The physician may need to indicate that an E/M service was furnished during the post-operative period of an unrelated procedure. An E/M service billed with modifier “-24” must be accompanied by documentation that supports that the service is not related to the post-operative care of the procedure.

Memorial Hermann Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

