Global Surgical Package

URMC Provider Types Affected

- All providers who submit charges for surgical procedures

Appropriate Compliance Contacts

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Background

- Global surgical package is a "single fee" which is billed and paid for all services furnished by the surgeon before, during and after the surgical procedure
- Global surgical periods are either 0 or 10 days for minor procedures, or 90 days for major procedures

References

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GloballSurgery-ICN907166.pdf

Global Surgical Package

Services Bundled Into Global Surgical Package - Can Not Bill Separately

- Preoperative visits, beginning with the day before a surgery for major procedures and the day of surgery for minor procedures.
- Intraoperative services that are normally a usual and necessary part of a surgical procedure.
- Complications following surgery, which do not require additional trips to the operating room.
- Postoperative visits (follow-up visits) during the postoperative period of the surgery that are related to recovery from the surgery.
- Postoperative pain management provided by the surgeon.
- Supplies, except for a few specific supplies provided in a physician's office.
- Miscellaneous services: items such as dressing changes; local incisional care; removal of operative pack, removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts and splints; insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes or removal of tracheostomy tubes.

Services Not Bundled Into Global Surgical Package - Can Bill Separately

- The initial consultation or evaluation of the problem by the surgeon to determine the need for surgery. Please note that this policy only applies to major surgical procedures. The initial evaluation is always included in the allowance for a minor surgical procedure.
- Services of other physicians, except where the surgeon and other physician(s) agree on the transfer of care. This agreement can be in the form of a letter or an annotation in the discharge summary, hospital record, or ASC record.
- Visits unrelated to the diagnosis, for which the surgical procedure is performed, unless the visits occur due to complications of the surgery.
- Treatment for the underlying condition or an added course of treatment, which is not part of the normal recovery from surgery.
- Diagnostic tests and procedures, including diagnostic radiological procedures.
- Clearly distinct surgical procedures during the postoperative period, which are not reoperations or treatment for complications. (A new postoperative period begins with the subsequent procedure.) This includes procedures done in two or more parts, for which the decision to stage the procedure is either planned or made at the time of the first procedure.
- Treatment for postoperative complications, which requires a return trip to the operating room. An operating room, for this purpose, is a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes cardiac catherization suite, laser suite, and an endoscopy suite. It does not include a patient's room, a minor treatment room, a recovery room, or an intensive care unit (unless the patient's condition was so critical there would be insufficient time for transportation to the operating room).

Services Not Bundled Into Global Surgical Package - Can Bill Separately (continued)

- If a less extensive procedure fails and a more extensive procedure is required, the second procedure is separately payable.
- For certain services performed in a physician's office, separate payment can no longer be made for a surgical tray (code **A4550**). This code is now a Status B and is no longer a separately payable service on or after January 1, 2002. However, splints and casting supplies are payable separately under the reasonable charge payment methodology.
- Immunosuppressive therapy for organ transplants.
- Critical care services (codes **99291** and **99292**) unrelated to the surgery, when a seriously injured or burned patient is critically ill and requires constant attendance by the physician.

Relevant Modifiers

- **-57** Evaluation and management services on the day before a major surgery or on the day of the major surgery, which resulted in the initial decision to perform surgery, are not included in the global surgery payment for the major surgery (90 day global period).
- **-25** Evaluation and management visit by the same physician on the same day as a minor procedure (0 or 10 day global period) when the patient's condition requires a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.
- **-24** Unrelated evaluation and management service provided during a postoperative period.
- **-78** Indicates a return trip to the operating room for a related procedure during a postoperative period.
- **-79** Indicates procedures performed during the postoperative period are unrelated to the original procedure.
- **-56** Preoperative care only
- **-54** Surgical care only
- **-55** Postoperative management only

Appropriate CPT Code for Postoperative Visits

- **99024** Postoperative follow-up visit, normally included in the surgical global package, to indicate that an evaluation and management service was performed during a global postoperative period for a reason(s) related to the original surgical procedure.