

## **Policy 1214**

### **NHP/NHIC ~ Global Days Policy**

**Purpose:** This policy is to identify the global period of a procedure and the reimbursement for Evaluation and Management (E/M) or other related services performed by a physician or other health care professional that are included in that global period. This policy does not apply to home health care and/or home health agencies.

**Policy and Procedure:** A global period is the time frame that applies to each procedure for a package of certain preoperative, same day, and postoperative services. For purposes of this policy, same physician is defined as a physician and/or other health care professional of the same group and same specialty reporting the same Federal Tax Identification number.

Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) follows the global period timeframe assigned by Centers for Medicare and Medicaid Services (CMS) Global Surgery to procedures. The information is found on CMS's website in "CMS Payment Policies" under the National Physician Fee Schedule Relative Value File (retrieved at [www.cms.gov](http://www.cms.gov)). The global periods are listed as status indicators in the CMS payment policy.

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. Evaluation and Management services on the day of the procedure are not reimbursable except as noted within this policy.
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period are reimbursable services. Evaluation and Management services on the day of the procedure and during the 10-day postoperative period are not reimbursable except as noted within this policy.
090	Major procedures with a 1-day preoperative period and 90-day postoperative period included in the global package. Evaluation and Management 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 policy.

CMS does not have timeframes assigned to certain other 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. NHP/NHIC 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. NHP/NHIC has assigned a 0-day global period to these codes.

**NOTE: Services of physicians and other health care professionals of the same specialty within the same group with the same federal tax identification number are considered as having been performed by the same physician providing global period services.**

**Services Included in the Global Package**

- Preoperative visits are not separately reimbursable services when performed within the assigned global period by the physician or partner of the same specialty.
  - 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.
  - 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.
- 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.
- Postoperative visits. This includes follow-up E/M visits that occur within the designated global period that are related to the patient recovery following surgery.
- Post-procedure pain management by the surgeon or a physician of the same TIN and specialty.
- Selected supplies with the exception of those noted under services not included in the global surgical package.
- Miscellaneous services related to the procedure:
  - Dressing changes
  - Local incision care
  - Insertion, irrigation, and removal of urinary catheters
  - Routine peripheral intravenous lines
  - Nasogastric and rectal tubes
  - Changes and removals of tracheostomy tubes
  - Removal of operative pack
  - The removal of cutaneous sutures/staples, lines, wires, tubes, drains and casts and splints

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.

**Services Not Included in the Global Package**

- Services of a physician who is not the operating surgeon or physician of the same TIN and specialty as the operating surgeon.
- The initial consultation or evaluation of the problem by the surgeon resulting in the decision to perform a major procedure when submitted with a 57 modifier.
- Services by the operating physician (or a physician of the same TIN and specialty as the operating physician) that are unrelated to the diagnosis for which the procedure was performed. (Use modifier 24 during the postoperative period and modifier 25 for the day of the procedure.)
- 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
- Diagnostic tests and procedures (including labs and x-rays).
- Splints, casting supplies and other devices to treat fractures and dislocations
- Reapplication of a cast
- Staged or related procedures or services by the same physician during the postoperative period (use modifier 58).
- Treatment by the original physician for a related postoperative complication that requires a return trip to the operating room (use modifier 78)
- 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 (use modifier 79).
- Selected supplies with the exception of those noted under services not included in the global surgical package.
- Immunosuppressive therapy for organ transplants when provided by the physician

**Modifier 78 Reimbursement:**

NHP/NHIC will not provide additional reimbursement or reduce reimbursement for services billed with Modifier 78. Modifier 78 should be reported with procedure codes for treatment of postoperative complications that require a return trip to the operating room. CMS defines an operating room as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term operating room includes a cardiac catheterization suite, a recovery room, or an intensive care unit (unless the patient's condition was so critical there would be insufficient time for transportation to an operating room.)

**Modifiers must be submitted on the claim in order for the service to be considered for reimbursement. NHP/NHIC reserves the right to review clinical notes to substantiate the use of modifiers on any claim. Multiple procedure reductions and clinical code edits still apply.**

---

**This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.**

Copyright © 2009 Affinity Health System. All Rights Reserved  
HMO plans are underwritten by Network Health Plan, POS plans are underwritten by Network Health Insurance Corporation and Network Health Plan