

GLOBAL DAYS POLICY

Policy Number: SURGERY 011.38 TO

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Related Policy

- [Spilt Surgical Package](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This policy applies to all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

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 Health Care Professional is defined as physicians and/or other health care professionals of the same group and same specialty reporting the same Federal Tax Identification Number (FITN).

Global Period Assignments and Global Package

Oxford follows the Centers for Medicare and Medicaid Services (CMS) in regard to Global Days Values as set forth in the National Physician Fee Schedule (NPFS) Relative Value File, except as noted below. Oxford also follows CMS in regard to services included in and excluded from the Global Surgical Package.

Refer to the [Global Days Assignment List](#).

CMS/NPFS Global Value	Oxford Global Days Value	Value Description
000	000	Endoscopic or Minor Procedure with related preoperative and postoperative relative values on the day of the procedure only are included in the Global Surgical Package. Evaluation and Management (E/M) services on the day of the procedure are not reimbursable except as noted within this policy.
010	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 Surgical Package. 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. A procedure having a Global Days Value of 000, 010 or 090 that is performed during the postoperative period of a procedure having a Global Days Value of 010 is included in the Global Surgical Package of the initial procedure and is not separately reimbursable except as noted within this policy.
090	090	Major Procedures with a 1-day preoperative period and 90-day postoperative period included in the Global Surgical 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. A procedures having a Global Days Value of 000, 010 or 090 that is performed during the postoperative period of a procedure having a Global Days Value of 090 is included in the Global Surgical Package of the initial procedure and is not separately reimbursable except as noted within this policy.
MMM	000, 042, XXX	Maternity code; the usual Global Period concept does not apply. Oxford assigns Global Days Values to these codes. Codes which represent delivery plus postpartum services are assigned a Global Days Value of 042. For these 42-day codes, Evaluation and Management services on the day of the delivery and during the 42-day post-delivery period are not separately reimbursable except as noted within this policy. Other Maternity (MMM) codes are assigned Global Days Values of 000 or XXX.
XXX	N/A	Per CMS, the Global Surgical Package concept does not apply to this code.
YYY	000	The local Medicare carrier determines whether the global concept applies and establishes the postoperative period. Oxford assigns a Global Days Value of 000 to these codes.
ZZZ	N/A	The code is related to another service and is always included in the Global Period of the primary service. The Global Surgical Package concept does not apply to the code.

Services Included in the Global Package

The following services, when provided within the Global Period by the Same Specialty Physician or Other Health Care Professional, are included in the Global Surgical Package and are not separately reimbursable except as specified:

- Preoperative visits are not separately reimbursable services when performed within the assigned Global Period. This period begins with the day before surgery for Major Procedures (those having a Global Days Value of 090) and the day of surgery for procedures having a Global Days Value other than 090.
- Complications following a procedure, including all additional medical and/or surgical services required of the 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 Same Specialty Physician or Other Health Care Professional.
- Selected supplies.

- Miscellaneous services related to the procedure, 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 and removal of tracheostomy tubes.

A procedure having a Global Days Value of 000, 010 or 090 that is performed during the postoperative period of a procedure having a Global Days Value of 010 or 090, when both procedures are reported by the Same Specialty Physician or Other Health Care Professional, is considered included in the Global Surgical 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 Same Specialty Physician or Other Health Care Professional. For situations involving transfer of care, see the [Split Surgical Package](#) policy for more information.
- The initial consultation or evaluation of the problem to determine the need for surgery when reported with modifier 57. This applies only to Major Procedures (those having a Global Days Value of 090). The initial evaluation is always included in the allowance for a procedure having a Global Days Value other than 090. Please see the [Global Days Assignment List](#).
- Visits that are unrelated to the diagnosis for which the procedure was performed (use modifier 25 for the day of the procedure and modifier 24 during the postoperative period).
- Diagnostic tests and procedures (including lab and x-rays).
- Staged or related procedures or services during the postoperative period (use modifier 58).
- Clearly distinct procedures during the postoperative period that are not re-operations or treatment for complications (use modifier 79).
- Immunosuppressive therapy for organ transplants.
- Treatment for postoperative complications that requires a return trip to the operating room (OR) (use modifier 78).

Modifier	Description
24	<p>Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period</p> <p>The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier 24 to the appropriate level of E/M service.</p>
25	<p>Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service</p> <p>It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual pre-operative and post-operative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.</p> <p>Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.</p>
57	<p>Decision for Surgery</p> <p>An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.</p> <p>Note: This modifier should only be used in cases in which the decision for surgery was made during the preoperative period of a <i>major</i> surgical procedure (Global Days Value of 090).</p>
58	<p>Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period</p> <p>It may be necessary to indicate that the performance of a procedure or service during the postoperative period was (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure.</p> <p>Note: For treatment of a problem that requires a return to the operating/ procedure room (e.g., unanticipated clinical condition), see modifier 78.</p>

Modifier	Description
58	<p>Notes:</p> <ul style="list-style-type: none"> This modifier is not used to report the treatment of a complication that requires a return to the operating room (see modifier 78). This modifier is not to be used with codes that by description include treatment or monitoring at one or more sessions at different patient encounters (i.e., 66762 and 66821). Please see the One or More Sessions policy. Global Days surgical package guidelines also apply to the procedure listed in the One or More Sessions policy. A postoperative period will be assigned to a subsequent procedure that is appropriately reported with modifier 58.
78	<p>Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period</p> <p>It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)</p>
79	<p>Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period</p> <p>The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)</p> <p>Note: A postoperative period will be applied to a subsequent procedure that is appropriately reported with modifier 79.</p>

Refer to official American Medical Association Current Procedural Terminology (CPT) publications for additional information regarding the proper utilization of these modifiers.

Oxford reserves the right to request and review clinical notes to substantiate the use of modifiers on any claim.

DEFINITIONS

Allowable Amount: Defined as the dollar amount eligible for reimbursement to the physician or health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of Allowable Amounts. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount.

Global Period, Global Days Value: The Global Period or Global Days Value represents the period of time during which all necessary services normally furnished by a physician (before, during, and after the procedure) are included in the reimbursement for the procedure performed.

Global Surgical Package: The Global Surgical Package includes the following services in addition to the procedure:

- Visits after the decision for a procedure is made beginning with the day before the procedure for a Major Procedure and the day of the procedure for all others
- Services that are normally a usual and necessary part of a procedure
- Complications Following the Procedure - All additional medical or surgical services required during the postoperative period because of complications which do not require additional trips to the operating room
- Postoperative Visits - Follow-up visits during the postoperative period that are related to recovery
- Post-procedure Pain Management
- Supplies - Except for those identified as exclusions; and
- 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 and removal of tracheostomy tubes

Major Procedure: A procedure having a Global Days Value of 090.

Minor Procedure: A procedure having a Global Days Value of 000 or 010.

Same Specialty Physician or other Health Care Professional: Physicians and/or other health care professionals of the same group and same specialty reporting the same Federal Tax Identification Number (FTIN).

Surgeon: Surgeon is defined by CMS and Oxford as not only the physician who performed the procedure, but also any physician or non-physician of the same specialty within the physician's group practice.

QUESTIONS AND ANSWERS

1	Q:	When does the Global Period of a procedure begin and end?
	A:	<p>The Global Period for a procedure having a Global Days Value of 000 day begins and ends on the same day as the procedure and includes the Evaluation and Management (E/M) services on that day only. The Global Period for a procedure having a Global Days Value of 010 or 042 day includes E/M services provided on the day of the surgery and E/M services provided during the 10 or 42 days following the procedure, beginning the first day after the procedure.</p> <p>Example: A procedure having a Global Days Value of 010 is performed on 10/1. E/M services reported on 10/1 and also during the 10 day postoperative period (10/2, 3, 4, 5, 6, 7, 8, 9, 10 and 10/11) are included in the Global Surgical package.</p> <p>The Global Period for a procedure having a Global Days Value of 090 day includes E/M services on the day before, the day of and during the 90 days following the procedure.</p> <p>Example: Procedure is performed on 10/1. E/M services reported on 9/30, 10/1 and during the 90 day postoperative period (10/2 through and including 12/30) are included in the Global Surgical Package.</p> <p>Note: In addition to E/M services, the Global Surgical Package and Global Period also apply to procedures that have Global Days Values when reported by the Same Specialty Physician or Other Health Care Professional. A procedure having a Global Days Value of 000, 010, or 090 that is performed during the postoperative period of a procedure having a Global Days Value of 010 or 090 is considered included in the Global Surgical Package and Global Period of the initial procedure unless an appropriate modifier is appended.</p>
2	Q:	Does Oxford require that a physician or other health care professional submit two separate and distinct diagnosis codes in order to be reimbursed for a procedure having a Global Days Value of 000, 010, 042, or 090 days and an appropriately modified E/M code submitted on the same day?
	A:	No. For reimbursement purposes, Oxford requires that a physician or other health care professional rendering a significant, separately identifiable E/M service on the same day of the procedure append modifier 25 to the E/M code. Although Oxford does not require two separate and distinct diagnosis codes to be submitted, if there is more than one diagnosis, all diagnosis codes should be indicated on the claim in accordance with correct coding guidelines.
3	Q:	Would Oxford reimburse a Surgeon for unrelated Evaluation and Management services during the Global Period of a procedure?
	A:	Yes. Oxford would reimburse for unrelated Evaluation and Management services during the Global Period of a procedure when modifier 24 (Unrelated Evaluation and Management Service by the Same Physician during the Postoperative Period) is appended to the E/M code.
4	Q:	If a cardiologist performs a procedure having a Global Days Value of 010, and then another cardiologist in the same medical group with the same tax identification number provides follow-up care for the patient during this 10-day period, would Oxford reimburse the second cardiologist for a separate E/M service?
	A:	No. Oxford would not reimburse for a separate E/M service in this case. Oxford follows CMS guidelines by defining the Same Specialty Physician or Other Health Care Professional as not only the physician or other health care professional who performed the procedure, but also any physician or other health care professional of the same specialty within the same group practice with the same tax identification number.
5	Q:	Are Global Period assignments limited to surgical procedures only?
	A:	<p>No. CMS has assigned Global Periods to some non-surgical procedures.</p> <p>Examples:</p> <ul style="list-style-type: none"> Osteopathic Manipulative Treatment codes (98925 thru 98929) and Chiropractic Manipulative Treatment codes (98940 thru 98942) have CMS Global Days Value assignments of 000 Laser treatment for inflammatory skin diseases (psoriasis) total area less than 250 sq cm (CPT code 96920) has a CMS Global Days Value assignment of 000 Radiation oncology codes 77750-77763 have Global Days Value assignments of 090

6	Q:	If a physician performs a surgery or procedure that has a Global Days Value of 010 or 090, and during the postoperative period of that procedure, the same physician (or the Same Specialty Physician or Other Health Care Professional) performs another surgery or procedure having any Global Days Value, is this subsequent procedure reimbursable?
	A:	Any procedure having a Global Days Value of 000, 010 or 090 that is performed during the postoperative period of an earlier procedure by a physician of the same TIN and specialty as the original Surgeon is considered included in the Global Surgical Package of the earlier procedure and is not separately reimbursable unless and appropriate modifier is also reported. Modifiers 58, 78 or 79 describe circumstances that may apply to the subsequent procedure. If one of these modifiers is reported on a subsequent procedure because the patient's record supports it, the subsequent procedure will not be considered included in the Global Surgical Package of the earlier procedure and will be considered for separate reimbursement.
7	Q:	If a Surgeon performs a procedure and reports it with modifier LT and during the postoperative period of that procedure, reports the same procedure with modifier RT, is the second procedure reimbursable?
	A:	The subsequent procedure reported with RT is included in the Global Surgical Package of the earlier procedure reported with LT unless the subsequent procedure is reported with an appropriate Global Days modifier to indicate that it meets one of the criteria for reimbursement. See the sections above titled Services Not Included in the Global Surgical Package. Correct coding guidelines require that all appropriate modifiers be reported.

ATTACHMENTS

Global Days Assignment List

A list of CPT and HCPCS codes and their Global Days Value assignments. This list does not include codes assigned a value of XXX because the Global Surgical Package concept does not apply to codes with this value.



Global Days Assignment List

Evaluation & Management (E/M) Services Included in the Global Period

A list of E/M services included in the Global Period.



EM Services Included in the Global Period

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2017R0005A]

American Medical Association Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Centers for Medicare and Medicaid Services, Physician Fee Schedules (PFS) - Relative Value Files.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/22/2018	<ul style="list-style-type: none"> Updated <i>Global Days Assignment List</i> (attachment file listing CPT/HCPCS codes and their Global Days Value assignments) to reflect annual code edits: <ul style="list-style-type: none"> Added CPT/HCPCS codes 0479T, 0481T, 0483T, 0484T, 0489T, 0490T, 0491T, 0499T, 15730, 15733, 31241, 31253, 31257, 31259, 31298, 32994, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 36215, 36216, 36217, 36465, 36466, 36482, 38573, 43286, 43287, 43288, 55874, 58575, 64912, 96573, 96574, G0516, G0517, and G0518 Removed CPT codes 0336T, 0392T, 0393T, 11752, 21495, 22305, 27193, 27194, 28290, 28293, 28294, 31582, 31588, 33400, 33401, 33403, 34812, 34820, 34833, 34834, 35450, 35452, 35458, 35460, 35471, 35472, 35475,

Date	Action/Description
	<p>35476, 36870, 62310, 62311, 62318, and 62319</p> <ul style="list-style-type: none"> ○ Revised value assignment for CPT codes 20245, 30140, 36470, and 36471 • Updated list of <i>Evaluation & Management (E/M) Services Included in the Global Period</i> (attachment file) to reflect annual code edits; added CPT codes 99483, 99484, 99492, 99493, and 99494 • Archived previous policy version SURGERY 011.37 T0