



## PROVIDER REIMBURSEMENT GUIDANCE

### Global Days

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date		
02/10/2022	04/01/2022	04/01/2022	02/01/2022		
<p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Senior Care Options (MA)</li> <li><input checked="" type="checkbox"/> One Care (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</li> <li><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Senior Care Options (MA)</li> <li><input checked="" type="checkbox"/> One Care (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</li> <li><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</li> <li><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</li> </ul>
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### Payment Policy Summary

Commonwealth Care Alliance® (CCA) follows the Centers for Medicare and Medicaid Services (CMS) with regard to Global Day Values as set forth in the National Physician Fee Schedule (NPFS) Relative Value File. CCA also follows CMS regarding what services are included in and excluded from the Global Surgical Package.

#### Reimbursement Guidelines:

Global Surgery applies in any setting, including an inpatient hospital, outpatient hospital, Ambulatory Surgical Center (ASC), and physician's office.

Visits to a patient in an intensive care or critical care unit are also included in the Global Surgical Package if made by the surgeon.

There are three types of Global Surgical Packages based on the number of post-operative days.

#### **Zero 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 10 days 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.

The payment rules for Global Surgical Packages apply to procedure codes with global surgery indicators of 000, 010, 090, and, sometimes, YYY.

While codes with “ZZZ” are surgical codes, they are add-on codes that are always billed with another service. There is no post-operative work included in the NPFS payment for the “ZZZ” codes. Payment is made for both the primary and the add-on codes, and the global period assigned is applied to the primary code.

CMS/NPFS Global Days Value	Description
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	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	Major procedure 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 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 090 is included in the Global Surgical Package of the initial procedure and is not separately reimbursable except as noted within this policy.
MMM	Maternity code: the usual Global Period concept does not apply.
XXX	Global Surgical Package concept does not apply to the code.
YYY	The local Medicare carrier determines whether the global concept applies and establishes the postoperative period. CCA assigns a Global Days Value of 000 to these codes.
ZZZ	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

## **Billing and Coding Guidelines:**

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The following services, when provided within the Global Period by the Same Specialty Physician or Other Qualified 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 patient recovery following surgery.
- Post-procedure pain management by the Same Specialty Physician or Other Qualified 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 another procedure having a Global Days Value of 010 or 090, when both procedures are reported by the Same Specialty Physician or Other Qualified Health Care Professional, is considered included in the Global Surgical Package of the initial procedure unless an appropriate modifier is appended.

The following services are not included in the global surgical package:

- Services of a physician who is not the Same Specialty Physician or Other Qualified 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.
- 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.)
- Treatment for postoperative complications that require a return trip to the operating room (OR). Use modifier 78.

## References

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American Medical Association, Current Procedural Terminology (CPT®)  
Centers for Medicare and Medicaid Services, CMS Manual System  
Physician Fee Schedule (PFS) Relative Value Files

### **Payment Policies:**

[Massachusetts](#) / [Rhode Island](#)

### **Provider Manuals:**

[Massachusetts](#) / [Rhode Island](#)

### **Prior Authorization Forms:**

[Massachusetts](#) / [Rhode Island](#)

## Policy Timeline Details

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1. Drafted November 2021