

Global Days Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and 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.

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Policy
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 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).

Reimbursement Guidelines
Global Period Assignments and the Global Surgical Package

UnitedHealthcare Community Plan 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. UnitedHealthcare Community Plan also follows CMS in regard to services included in and excluded from the Global Surgical Package.

Refer to the **Attachments** section for a complete listing of the UnitedHealthcare Community Plan Global Days Values assignments.

CMS/NPFS Global Days Value	UnitedHealthcare Community Plan 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 is 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 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	000, 042, XXX	Maternity code; the usual Global Period concept does not apply. UnitedHealthcare Community Plan 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 the code.

YYY	000	The local Medicare carrier determines whether the global concept applies and establishes the postoperative period. UnitedHealthcare Community Plan assigns a Global Days Value of 000 to these codes.
ZZZ	N/A	The code is related to another service and is <u>always</u> 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 Surgical Package

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.

Services 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. Please see the **Global Days Values Assignments** table in the Attachments section below.
- 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. Please see the Section entitled **Reimbursement for Procedures Reported with Modifier 78**.

Reimbursement for Procedures Reported with Modifier 78

Consistent with CMS and CPT, modifier 78 should be reported with procedure codes for treatment of postoperative complications that require a return trip to the operating room. Per CMS, an operating room is defined 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 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 an operating room.)

When modifier 78 is reported for a procedure having a Global Days Value of 010 or 090, UnitedHealthcare Community Plan will reimburse for the Intraoperative Percentage of the modified procedure, determined to be 84% of the Allowable Amount.

A modifier 78 reduction will not be applied to a procedure having a Global Days Value other than 010 or 090, even if modifier 78 is appended.

A modifier 78 reduction will not be applied to a procedure having a Global Days Value of 010 or 090 which does not also have an Intraoperative Percentage in the CMS National Physician Fee Schedule Relative Value File. For example, an Intraoperative Percentage is not listed in the National Physician Fee Schedule for CPT code 77750 (Infusion or instillation of radioelement solution [includes 3-month follow-up care]). Therefore, reimbursement for this code will not be reduced to 84% even if the code is reported with modifier 78.

[PFS Relative Value File](#)

A new Global Period will **not** apply to a procedure meeting these requirements and reported with modifier 78, and multiple procedure reductions will not be applied.

Modifiers

24	25	57	58	78	79
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Definitions

Allowable Amount	Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, whichever is applicable. 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: <ul style="list-style-type: none"> • 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.
Intraoperative Percentage	Percentage for the intraoperative portion of the Global Surgical Package, including postoperative work in the hospital.
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 Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.
Surgeon	Surgeon is defined by CMS and UnitedHealthcare Community Plan 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	<p>Q: When does the Global Period of a procedure begin and end?</p> <p>A:</p> <ul style="list-style-type: none"> ▪ The Global Period for a procedure having a Global Days Value of 000 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 includes E/M services provided on the day of the procedure and E/M services provided during the 10 or 42 days following the procedure, beginning the first day after the procedure. <ul style="list-style-type: none"> ❖ 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 11) are included in the Global Surgical Package. ▪ The Global Period for a procedure having a Global Days Value of 090 includes E/M services on the day before, the day of and during the 90 days following the procedure. <ul style="list-style-type: none"> ❖ 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>*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 Qualified 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	<p>Q: Does UnitedHealthcare Community Plan require that a physician or other qualified 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 and an appropriately modified E/M code submitted on the same day?</p> <p>A: No. For reimbursement purposes, UnitedHealthcare Community Plan requires that a physician or other qualified 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 UnitedHealthcare Community Plan 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.</p>
3	<p>Q: Would UnitedHealthcare Community Plan reimburse a Surgeon for unrelated Evaluation and Management services during the Global Period of a procedure?</p> <p>A: Yes. UnitedHealthcare Community Plan 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.</p>

4	<p>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 UnitedHealthcare Community Plan reimburse the second cardiologist for a separate E/M service?</p> <p>A: No, UnitedHealthcare Community Plan would not reimburse for a separate E/M service in this case. UnitedHealthcare Community Plan follows CMS guidelines by defining the Same Specialty Physician or Other Qualified Health Care Professional as not only the physician or other qualified health care professional who performed the procedure, but also any physician or other qualified health care professional of the same specialty within the same group practice with the same tax identification number.</p>
5	<p>Q: Are Global Period assignments limited to surgical procedures only?</p> <p>A: No, CMS has assigned Global Periods to some non-surgical procedures. Examples: 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; and radiation oncology codes 77750-77763 have Global Days Value assignments of 090.</p>
6	<p>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 Qualified Health Care Professional) performs another surgery or procedure having any Global Days Value, is this subsequent procedure reimbursable?</p> <p>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 an appropriate modifier is also reported. Modifiers 58, 78 and 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.</p>
7	<p>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?</p> <p>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.</p>

Attachments

<u>Global Days Values Assignments</u>	A list of CPT and HCPCS codes and their Global Days Values 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.
<u>Evaluation & Management Services Included in the Global Period</u>	A list of Evaluation and Management services included in the Global Period.

Resources

Individual state Medicaid regulations, manuals & fee schedules

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 Schedule (PFS) Relative Value Files

History

2/14/2024	Policy Version Change Modifier section: Removed Descriptions Attachments section: Removed year in title of Global Days Assignments and EM Services Included in the Global Period updated. History section: Entries prior to 2/13/2022 archived.
1/30/2006	Adopted by AmeriChoice.