California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

# Reimbursement Policy
# Global Surgical Package

Policy Number: **G-06041**
Policy Section: **Surgery**
Last Approval Date: **6/3/2025**
Effective Date: **6/3/2025**

Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://providers.anthem.com/ca**.

## Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.


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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

## Policy

The health plan allows reimbursement for the global surgical package unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

The health plan follows CMS global surgery indicator codes, including the supplementary indicators XXX, YYY, and ZZZ. The global surgical package may be furnished in any setting, and reimbursement applies to both minor and major surgical procedures as defined by their postoperative periods of 0, 10, or 90 days.

### Included in the Global Surgical Package

Reimbursement for the following components is included within the global surgical package and not eligible for separate reimbursement when they are reported by the operating surgeon or by providers in the same group with the same specialty. Non-physician providers (NPPs) in the same group as the operating surgeon are considered to be of the same specialty as the operating surgeon:

- Preoperative services rendered after the decision is made to operate:
  - Beginning with the day before surgery for major procedures
  - Beginning with the day of surgery for minor procedures
- E/M services rendered after the decision for surgery has been made
- Intraoperative services that are normally a usual and necessary part of a surgical procedure:
  - Miscellaneous surgical services and supplies used during the surgery
    - Surgical kits
  - Fluid and drug administration services:
    - Therapeutic drugs
    - Prophylactic drugs
    - Local anesthetic injections
    - Anesthetic blocks or agents
    - Topical anesthesia
    - Unspecified/unclassified drug codes administered by the operating provider
    - Intraoperative pain management and devices
    - Moderate sedation

- Visits during the postoperative periods that are related to recovery from the surgery, regardless of the place of service:
  - Clinic fees or any other facility fees reported on a UB-04 form associated with typical postoperative care
- Medical or surgical services due to postoperative complications that do not require additional trips to the operating room, and are not categorized as a hospital-acquired condition (HAC) or present on admission (POA)
- Postsurgical pain management by the surgeon

### Separately Reimbursable from the Global Surgical Package

The following services are not included in the reimbursement for the global surgical package and are separately reimbursable expenses:

- The initial consultation or evaluation by the surgeon to determine the need for a major surgical procedure
- Services of other physicians, except where the surgeon and the other physician(s) agree on the transfer of care. The agreement must be in the form of a letter or an annotation in the discharge summary, hospital record, or ambulatory surgical center (ASC) record
- Visits during the postoperative period of surgery that are unrelated to the diagnosis of the surgery, unless the visits occur due to complications of the surgery
- Treatment for an underlying condition or an added course of treatment that is not part of the normal recovery from surgery
- Diagnostic tests and procedures
- Clearly distinct surgical procedures during the postoperative period that are not re-operations or treatment for complications
- Treatment for postoperative complications that require a return trip to the operating room
- The second procedure, if a less extensive procedure fails and a more extensive procedure is required
- Immunosuppressive therapy for an organ transplant
- Critical care services, unrelated to the surgery, where a seriously injured or burned member is critically ill and requires constant attendance of the physician
- Physical therapy, occupational therapy, and speech therapy
- Surgical clearance from a provider other than the treating physician when there is a high risk of comorbidity

Providers must use applicable HIPAA-compliant modifiers for any services provided during the postoperative period.

### Unlisted Surgical Procedures Included in the Global Surgical Package (YYY)

Reimbursement for an unlisted surgical procedure is based on the review of the unlisted code on an individual claim basis. Claims submitted with unlisted codes must contain the following information and/or documentation describing the procedure or service performed for consideration during review:

- A written description
- Office notes
- An operative report

**Add-on Surgical Procedures Included in the Global Surgical Package (ZZZ)**
The global surgical period for an add-on surgical procedure will be based on the primary surgical code.

## Related Coding
Standard correct coding applies.

## Policy History
- **06/03/2025 -** Review approved and effective: no changes
- **01/30/2023 -** Review approved and effective: updated policy with minor language changes for clarity; updated services included in the Global Surgical Package; updated Separately Reimbursable from the Global Surgical Package; added definitions; added Supplementary Indicator codes and descriptions; updated Related Policy and Materials section
- **04/28/2021 -** Review approved and effective: added Physical Therapy, Occupational Therapy, and Speech Therapy to the Separately Reimbursable section
- **04/21/2020 -** Review approved and effective: updated policy language, 2nd bullet under separately reimbursable from Global Surgical Package
- **12/28/2017 -** Reviewed approved: policy language updated
- **07/19/2017 -** Initial approval 07/19/2017 and effective 10/05/2017

## References and Research Materials
This policy has been developed through consideration of the following:
- CMS
- Optum EncoderPro 2025
- State contract
- State Medicaid

## Definitions
- **Global surgery:** The global surgical package, also called global surgery, includes all the necessary services normally furnished by a surgeon before, during, and after a procedure.
- **Major procedures:** Codes that have a 90-day global surgical period.
- **Minor procedures:** Codes that have either a 0-day global or a 10-day global surgical period based on complexity.
- **MMM:** Maternity codes; usual global period does not apply.
- **XXX:** Codes that the global surgery concept does not apply

- **YYY:** The health plan/MAC determines the global period. The global period for these codes will be 0, 10, or 90 days.
- **ZZZ:** Code related to another service (add-on code) and is always included in global period of the primary service.
- **Preoperative care:** Preparation and management of a patient prior to surgery.
- **Postoperative care:** Care received after the surgery that is related to recovery from the surgery.
- **General Reimbursement Policy Definitions**

## Related Policies and Materials

- Claims Requiring Additional Documentation
- Duplicate or Subsequent Services on the Same Date of Service
- Modifier Usage
- Modifier 24
- Modifiers 25 and 57: Evaluation and Management with Global Procedures
- Modifier 78
- Split-Care Surgical Modifiers

- Professional Anesthesia Services
- Provider Preventable Conditions
- Unlisted or Miscellaneous Codes