

## Commercial Reimbursement Policy

Subject: **Facility Global Surgery - Facility**

Policy Number: **C-17003**

Policy Section: **Facilities**

Last Approval Date: **04/01/2024**

Effective Date: **07/01/2024**

### 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 an Anthem Blue Cross (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure 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, Anthem may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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, Anthem will publish the most current policy to the website.

### Policy

The Health Plan allows reimbursement for the global surgical package. The global surgery 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 unless provider, state, or federal contracts and/or requirements indicate otherwise.

Surgical procedures are subject to preoperative, same day, and postoperative care. Evaluation and Management (E/M) services rendered within the applicable global period will not be eligible for separate or additional reimbursement when reported by the surgeon or by other qualified healthcare providers of the same group with the same specialty, including non-physician providers. The Health Plan's global surgical reimbursement includes all E/M services rendered after the decision for surgery has been made, for surgical clearance by the surgeon or other

qualified healthcare providers of the same group with the same specialty, unless there is a high risk of comorbidity that requires surgical clearance from other than the treating physician/provider.

In addition, the Health Plan shall not separately reimburse a clinic fee, or any other facility fee associated with space used to provide services reported on a UB-04 claim form associated with typical post-operative care that is rendered during the global period of a procedure or service that has global days assigned.

### Related Coding

Standard correct coding applies

### Policy History

04/01/2024	Review approved 04/01/2024 and effective 07/01/2024: no changes
04/22/2020	Review approved: updated policy language
06/01/2019	New policy template: removed description section and added definition section
07/11/2017	Initial approval 07/11/2017 and effective 07/01/2018

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2022

### Definitions

Global Surgery Concepts	Based on the understanding that reimbursement for a surgical procedure includes the work value of an established Evaluation and Management service (E/M) and other services and supplies.
Major procedures	Have a 90-day global surgical period
Minor procedures	Have either a 0-day global or a 10-day global surgical period based on complexity
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

None

### Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.



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