Global Surgical Packages for Professional Providers

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Reimbursement Guidelines

Molina Healthcare follows specific guidelines for reimbursement within the global surgical package, unless there are contractual obligations from providers, state, federal, or CMS requirements indicating otherwise. This package encompasses both major and minor surgical procedures, categorized by their respective postoperative periods: 90, 10, or 0 days.

The global surgical package includes reimbursement for:

- Preoperative services, starting from the day before surgery for major procedures and the day of surgery for minor procedures.
- Intraoperative services that are typically necessary for the surgical procedure.
- Treatment of additional medical or surgical services during the postoperative period due to surgery-related complications, provided they don't require additional operating room visits, are not present on admission, and are not hospital-acquired.
- Postsurgical pain management by the surgeon.
- Postoperative recovery-related visits.
- Miscellaneous surgical services and supplies used during surgery.

Unlisted surgical procedures within the global package are subject to reimbursement based on individual claim review, requiring written descriptions, office notes, and operative reports for consideration.

Add-on surgical procedures within the global package align with the primary surgical code for the determination of the global surgical period.

Services separately reimbursable from the global surgical package include:

- The initial consultation or evaluation by the surgeon to assess the need for major surgery.
- Services provided by other physicians unless there is documented agreement for care transfer.
- Postoperative visits unrelated to the surgery diagnosis, except in cases of surgery-related complications.
- Treatment for underlying conditions or additional courses of treatment beyond normal recovery.
- Distinct surgical procedures during the postoperative period that are not reoperations or treatment for complications.
- Postoperative complications requiring a return to the operating room. If a less extensive procedure fails, a more extensive one is separately payable.
- Immunosuppressive therapy for organ transplants.

Providers must use HIPAA-compliant modifiers with corresponding CPT/HCPCS codes and appropriate diagnosis codes for reimbursement.

Claims that fall outside the global surgical package definitions may be denied or subjected to post-payment audits to determine inclusion status.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
Minor Procedures	Surgery involving minor risk to the life of the patient specifically: an operation on the superficial structures of the body or a manipulative procedure that does not involve a serious risk
Intraoperative services	Patient care during an operation and ancillary to that operation. Activities such as monitoring the patient's vital signs, blood oxygenation levels, fluid therapy, medication transfusion, anesthesia, radiography, and retrieving samples for laboratory tests, are examples of intraoperative care

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published	09/01/2023	New Policy
Revised Date	12/12/2024	Updated Template

References

This policy was developed using

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed*

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