



**POLICY SUBJECT:**

**EFFECTIVE DATE: 08/12/2011**

*Billing During the Global Surgical Period*

*To be reviewed every three years by Ethics & Compliance Committee*

**Policy on Global Surgical Period Billing**

**POLICY:** When Sound Physicians’ providers provide care to a patient during the pre- or post-operative period, those services must be medically necessary, not part of the services defined as within the global surgical package, and documented consistent with the standards required by this policy. Sound Physicians’ documentation policies include the Medicare standards. Sound Physicians applies a uniform documentation standard for all services.

**PURPOSE:** This policy governs how Sound Physicians’ providers document pre- and post-operative services and whether services may be included in a global surgical package, billed in addition to the global surgical package, or when the global surgical package is broken into discrete components that are billed with modifiers.

**PROCEDURE:**

**I. Services included in the Global Surgical Package**

The following services are included in the Global Surgical Package when performed by the surgeon and shall not be separately billed absent a transfer of care and application of the appropriate modifier(s):

- A. Preoperative visits related to the surgery after the decision is made to perform surgery.
- B. Intra-operative services that are normally a usual and necessary part of a surgical procedure.
- C. Complications following surgery. All additional medical and surgical services required of the surgeon during the post-op period because of complications that do not require additional trips to the Operating Room are included in the global surgical package for Medicare patients. Sound Physicians follows payor-specific rules for billing these services to other payors.

- D. Postoperative visits. Follow-up visits in the post-op period of the surgery that are related to recovery from the surgery are included in the global surgical package.
- E. Post-surgical pain management by the surgeon.
- F. Supplies, except those identified as exclusions
- G. Miscellaneous services that are integral to the surgical procedure such as dressing changes; local incisional care; removal of operative pack; removal of cutaneous sutures and staples, line, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral IV lines, NG and rectal tube; and changes and removal of tracheostomy tubes.

## II. Services Not Included in the Global Surgical Package

The following services are not included in the Global Surgical Package and may be separately billed if medically necessary and appropriately documented:

- A. The initial consultation or evaluation by the surgeon to determine the need for major surgery.
- B. Services of physicians except where the surgeon and the other physician(s) agree on a transfer of care.
- C. Visits unrelated to the diagnosis for which the surgical procedure is performed unless the visits occur due to complications of the surgery (see the section on Concurrent Care below for a detailed discussion).
- D. Treatment for the underlying condition or an added course of treatment which is not part of the recovery from surgery. For example, a cardiologist may manage an underlying cardiovascular condition of a patient having knee replacement surgery (see the section on Concurrent Care below for a detailed discussion).
- E. Diagnostic tests and procedures, including diagnostic radiological procedures.
- F. Clearly distinct surgical procedures that are not re-operations or treatment for complications.
- G. Treatment for post-op complications that require a return trip to the operating room (OR). Note, however, that treatment for post-op complications that do not require a return to the OR may be billed to commercial payers when contractually allowed.
- H. If a less extensive procedure fails, and a more extensive procedure is required, the second procedure is separately billable.
- I. Procedures that are planned to be performed in stages are each separately billable.
- J. Immunosuppressive therapy for organ transplants.

## III. Transfer of Care

Transfer of care occurs when surgeon and another physician or non-physician provider agree that the other physician/provider will take over the responsibility for post-operative care. When this transfer is arranged, the transferring surgeon is not asking for an opinion or advice to personally treat the patient and is not expecting to continue treating the patient. The agreement for transfer must be noted by the surgeon in the patient's medical record.

## IV. Concurrent Care

As identified above, in certain circumstances during the global surgical period, a physician other than the surgeon may also provide care to the patient and Sound Physicians may bill for that physician's services during the global surgical period. Most often, this would occur when the surgeon and other physician are in different specialties. In all instances, documentation must support the medical necessity of the

second physician's services and the physician's services must not be services that would be considered to be part of the global surgical package.

For example: medically necessary physician's services that relate to an underlying condition or additional course of treatment that is not part of the recovery from surgery would be separately billable. If the physician's services are medically necessary and unrelated to the diagnosis for which the surgery was performed, the services would be separately billable.

Documentation of concurrent care during the global period must support both of the following:

- A. A determination that the patient's condition warranted the services of more than one physician. The different specialties of the physicians and patient's diagnosis in relation to the services of each physician may be used to help support the existence of more than one medical condition requiring diverse specialized medical or surgical services.
- B. That the individual services provided by each physician are reasonable and necessary.

#### V. Consultations during the Global Period

Consultations provided at the request of a surgeon to a Sound provider during the post-operative period are billed only when the requesting physician requests a consultation from the Sound provider and the consulting physician has expertise in a specific medical area beyond the requesting professional's knowledge. To bill as a consultation, the documentation must meet the requirements for consultation billing.

Note: a consulting physician who also provided a preoperative evaluation at the request of the surgeon cannot bill a post-operative consultation on the same patient.

Refer to the Sound Policy on Consultation for the consultation documentation requirements.

If a surgeon asks another physician to take responsibility for the management of an aspect of the patient's condition during the post-operative period, a consultation is not billed. Instead, the physician's services would constitute concurrent care or a transfer of care, depending on whether the aspect of care is part of the global surgical package.

#### VI. Critical Care

Critical care services may be billed in addition to the global surgery fee if

- A. The patient is critically ill or burned and requires constant attendance of the physician, and
- B. The critical care is above and beyond the specific anatomic injury or general surgical procedure performed.

These patients must be potentially unstable or have conditions that could pose a significant threat to life or risk of prolonged impairment.

Documentation must reflect that the critical care was unrelated to the specific anatomic injury or general surgical procedure performed.