



Global Surgical Package

Presented by: SerenaGroup Education Committee

NOVEMBER 2023

Objectives

At the end of
the lesson you
should
understand

- What is the definition of a Global Period
- Global Periods are time related
- Who is impacted by a Global Period
- Requirements to adhere to in a Global Period





Understanding.....

Global Surgery Package-Includes all necessary services normally furnished by a surgeon before, during, and after a procedure. Medicare, payment includes all routine services Pre/intra/ and post procedure.



Three types of Global Surgery Packages based on # of post-op days.

0-Day Post-Op Period (endoscopies & some minor procedures)

10- Day Post-Op Period (other minor procedures)

90- Day Post-Op Period (major procedures)

What is the impact on the Wound Center during a Global Period?



Facility

- No impact.
- HOPD's are reimbursed via the Out-Patient Payment System (OPPS)

Provider

Large Impact

- In the event a Transfer of Care (ToC) is not executed, may not receive payment.
- Payment from CMS will not exceed the allowable amount of the Global Reimbursement.

Little to No impact

- Executed ToC agreement allows for split billing between the two providers.



What is a Transfer of Care Agreement?

Agreement signifies the Surgeon and Provider performing the post-operative care are in agreement with the plan of care.

This agreement may be in the form of a letter, or an annotation in the discharge summary, hospital record, or ASC record.

Both Providers need to keep a copy in the beneficiary's record (scan into the wound care EHR).



Modifiers utilized in the Global Period

Facility

The facility does not have a modifier nor should they utilize a modifier for Global Care.

Provider

The surgeon should add Modifier “-54,” *surgical care only*, to his/her CPT code.

The physician providing the postoperative care should add Modifier “-55,” *postoperative management only*, to the same CPT code at the first postoperative visit.



55

Modifier

For more information, refer to the
“Medicare Claims Processing Manual”,
Chapter 12, Sections 40.2 and 40.4

Use

Use modifier “-55” with the CPT procedure code for global periods of 10- or 90-days.

Report

Report the date of surgery as the date of service and indicate the date that care was relinquished or assumed. Physicians must keep copies of the written transfer agreement in the beneficiary’s medical record.

Provide

The receiving physician must provide at least one service before billing for any part of the post-operative care.



Why does this matter to the Advanced Wound Center?

Are Provider Based Hospital Outpatient Departments.

Care delivered in the Center is "Incident to Provider".

The Provider(s) may be wanting to develop relationships with certain surgeons.

Doing the RIGHT thing



Conclusion

Global Surgical Package

1. It has a **minimal** impact on the facility.
2. It has a **major** impact on the provider(s)
3. The CMS will **not** pay more than the Global Payment for all providers.
4. A Transfer of Care (ToC) agreement **must** be agreed upon and **in writing** between the providers.
5. **Modifier 55** is the modifier for your provider.
6. Decision to accept the patient is **between** the Hospital, Director & Providers.





THANK YOU

The SerenaGroup Education Committee