Title 23: Medicaid

Part 203: Physician Services

Chapter 1: General

Rule 1.11: Global Package

A. The Division of Medicaid defines a Global Package as a single payment for necessary services and products normally furnished during the pre-operative, intra-operative and post-operative periods by the "same physician" which is defined as physicians and/or other qualified health care professionals:

1. Of the same group,

2. Of the same specialty,

3. Reporting the same federal tax identification number, and

4. Reimbursed on a fee-for-service basis.

B. Global Package does not apply to providers reimbursed by an encounter rate.

C. The Division of Medicaid assigns a Medicaid Global Package value following the Medicare National Physician Fee Schedule (NPFS) Relative Value File, effective January 1 of each year.

D. The Division of Medicaid defines the Medicaid Global Periods as follows:

1. The zero (0) day global period assigned to endoscopic and minor procedures includes the Evaluation and Management (E&M) services on the day of the procedure unless excluded in Miss. Admin Code Part 203, Rule 1.11 F.

2. The ten (10) day global period assigned to minor procedures includes:

a) E&M services:

(1) On the day of the procedure,

(2) During the ten (10) day post-operative period following the day of the procedure, and

b) Any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the ten (10) day post-operative period unless excluded in Miss. Admin Code Part 203, Rule 1.11 F.

3. The ninety (90) day global period assigned to major procedures includes:

    a) E&M services:

        (1) On the day prior to the procedure,

        (2) On the day of the procedure,

        (3) During the ninety (90) day post-operative period following the day of the procedure, and

    b) Any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the ninety (90) day post-operative period unless excluded in Miss. Admin Code Part 203, Rule 1.11 F.

4. The forty-five (45) day global period for maternity services includes:

    a) E&M services:

        (1) On the day of the delivery,

        (2) The delivery,

        (3) Forty-five (45) days after the day of delivery, and

    b) Any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the forty-five (45) day post-delivery period unless excluded in Miss. Admin Code Part 203, Rule 1.11 F.

E. The Division of Medicaid includes the following services in the global package and are not separately reimbursable when provided within the assigned global period by the same physician.

1. Pre-operative E&M services the day before procedures assigned a ninety (90) day global period.

2. E&M services the day of the procedure assigned a global period of zero (0), ten (10), or forty-five (45) days.

3. Complications following a procedure, including all additional medical and/or surgical services required, not resulting in a return trip to the operating room, that occur within the assigned global period. [Refer to Miss. Admin Code Part 203, Rule 1.11 G]

4. E&M services that occur within the assigned global period related to the beneficiary's recovery following the procedure.

5. Post-procedure pain management.

6. Supplies normally provided before, during and after the procedure as part of the procedure or as needed for recovery from the procedure when provided within the assigned global period except implantable devices provided by the same physician.

7. Miscellaneous services including, but not limited to:

    a) Dressing changes,

    b) Local incision care,

    c) Removal of operative pack,

    d) Removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints,

    e) Insertion, irrigation and removal of urinary catheters,

    f) Routine peripheral intravenous lines,

    g) Nasogastric and rectal tubes, and

    h) Changes and removal of tracheostomy tubes.

F. The Division of Medicaid excludes the following services from the Global Package and are separately reimbursable when provided by the same physician within the assigned global period when appropriately designated on the claim:

1. The initial consultation or evaluation of the problem to determine the need for surgery for major procedures assigned a ninety (90) day global period.

2. E&M service by the same physician that is unrelated to the diagnosis for which the procedure was performed.

3. Diagnostic tests and procedures including, but not limited to:

    a) Laboratory services,

    b) Pathology services, and

    c) Radiological services.

4. Staged or related procedures or services during the post-operative period.

5. Clearly distinct procedures during the post-operative period that are not re-operations or treatment for complications related to the initial procedure.

6. Immunosuppressive therapy for organ transplants.

7. Treatment for post-operative complications that require a return trip to the operating room. [Refer to Miss. Admin Code Part 203, Rule 1.11 G]

8. Critical care services unrelated to the surgery where a seriously injured or burned beneficiary is critically ill and requires constant attendance of the physician.

G. The Division of Medicaid defines an operating room as a place of service specifically equipped and staffed for the sole purpose of performing a procedure and:

1. Includes:

a) A cardiac catheterization suite,

b) A laser suite, and

c) An endoscopy suite.

2. Does not include:

a) A patient's room,

b) A minor treatment room,

c) A recovery room, or

d) An intensive care unit unless the beneficiary's condition was so critical there would be insufficient time for transportation to an operating room.

H. The Division of Medicaid defines a Split Global Package as a global period when:

1. The surgical care and the post-operative management are performed by different physicians and/or qualified health care professionals.

2. An agreement for the transfer of care is in the form of a letter, discharge summary, chart notation or other written documentation and retained in each physician's beneficiary medical record.

I. Total reimbursement for the Split Global Package cannot exceed one hundred percent (100%) of the Medicaid allowable amount for the procedure.

1. Reimbursement for the surgical care portion of the Global Package is calculated at eighty-five percent (85%) of the Medicaid allowable.

2. Reimbursement for the post-operative management portion of the Global Package is calculated at fifteen percent (15%) of the Medicaid allowable.

3. Each portion of the Global Package must be appropriately designated on the claim.

4. No separate benefits are allowed for pre-operative management as it is inclusive in the allowance for the surgical care.

History: New eff. 09/01/2014.

Source: Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 6507, 124 Stat. 119 (2010), as amended by Pub. L. 111-152, 124 Stat. 1029 (2010).