Payment Policy: Supplies Billed On Same Day As Surgery

Reference Number: CC.PP.032
Product Types: All
Effective Date: 01/01/2013
Last Review Date: 11/20/2024

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
The Centers for Medicare and Medicaid Services (CMS) state that the global surgical package includes supplies needed as part of the surgical procedure. Supplies are considered a component of the global surgical package and except in certain circumstances, are not separately reportable.

According to the CMS program manual publication 100-04, publication 20.4.4, separate payment for supplies related to a surgery is only allowed under two conditions 1) HCPCS code A4300 when billed in conjunction with the appropriate procedure code, and 2) the supply is a pharmaceutical or radiopharmaceutical diagnostic imaging agent, stressing agent, or therapeutic radionuclide.

The purpose of this policy is to define payment criteria for supplies billed on the same date as a surgical procedure to be used by the health plan in making payment decisions.

Application
This policy applies to professional claims, when billed by the same provider for the same member and on the same date of service as a surgical procedure.

Reimbursement
The health plan denies claim lines billed with supplies on the same day as a surgical procedure when the procedure has been assigned a global period by CMS. Code editing software reviews codes within the same claim and claims history.

Coding and Modifier Information
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Definitions
1. ***Global Surgical Package*** – defines the pre-operative, intra-operative and post-operative services included in a procedure code. There are three types of global surgical packages based on the number of post-operative days 1) zero-day postoperative period, 2) 10-day post-operative period, and 3) 90-day postoperative period.

2. ***HCPCS*** – Healthcare Common Procedure Coding System, standardized code sets used to facilitate accurate claims payment. HCPCS is divided into two subsystems: Level I code (current procedural terminology or CPT codes) identify medical services provided by physicians and other health care professionals and Level II codes represent products, supplies and services which are not included in CPT codes.

References

1. *Current Procedural Terminology (CPT®)*, 2025
2. *HCPCS Level II*, 2025
3. *International Classification of Diseases*, (ICD-10-CM), 2025
4. *Centers for Medicare and Medicaid Services, CMS Claims Processing Manual Chapter 12* https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Revision History	
02/23/2018	Converted to revised template and conducted review
02/28/2018	Revised HCPCS list to reflect the 2018 List
04/01/2019	Conducted review, verified codes and updated policy.
11/01/2019	Annual Review completed
11/01/2020	Annual Review completed
11/30/2021	Annual review completed
12/01/2022	Annual review completed; code table removed as this information can be found in listed references
12/01/2023	Annual Review completed; Updated Year from 2022 to 2023;
03/04/2024	Annual review completed; dates updated; references reviewed.
11/20/2024	Annual review completed; dates updated; references reviewed.

Important Reminder

For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or

regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.