

Billing and Reimbursement Guideline: Immunosuppressive Therapy During A Global Period

Guideline Publication Date: September 1, 2010

Key coding, documentation and reimbursement points include:

- The global surgical package for transplantation does not include immunosuppressive therapy management.
- Immunosuppressive care is billed with the appropriate Evaluation and Management service and based on the physician's work performed.
- The attending surgeon should indicate in the medical record that the visit is for immunosuppressive therapy.
- Modifier 24 may be used to indicate a separately identifiable Evaluation and Management service.
- For patients whose transplant cases are being administered by a Neighborhood contracted transplant vendor, these services may be contractually inclusive in a global case rate.
- This guideline applies to CMS-1500 claim submissions.
- This guideline applies to place of service 11, 20, 22 and 50.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

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Format change, minor edits