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Global Period Tip Sheet effective 10/31/23

Background: The global surgical package, also called global surgery, includes payment for all the necessary services normally furnished by a surgeon before, during, and after a procedure. These services must not be billed separately by the surgeon or members of the same group with the same specialty during the global period, unless an exception exists (as supported by appropriate modifier and documentation).

Tools: Major Surgery Global Period Calculator Global Period Lookup via MPFS

Jump to Section: Included in Global | Not Included in Global | Modifiers **PACKAGE RULES:** 0 Days 10 Days 90 Days

A. Applicability

- Professional billing in Inpatient & Outpatient settings including physician offices
  - Practitioners in the same group practice who are in the same specialty must bill and be paid as though they were a single physician, and thus must also observe global days including APPs who are collaborating with/covering for the surgeon.

B. Global Surgery Days

- Each procedure in the Medicare Physician Fee Schedule is assigned a number of Global Days: 0, 10, 90, XXX, YYY, or ZZZ.

C. Services Included in Global Surgery Payment

Medicare includes the following services in the global surgery payment when provided in addition to the surgery:

1. Pre-operative visits after the decision is made to operate.
   a. For major procedures, this includes preoperative visits the day before the day of surgery.
   b. For minor procedures, this includes pre-operative visits the day of surgery.
2. Intra-operative services that are normally a usual and necessary part of a surgical procedure
3. All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications, which do not require additional trips to the operating room
4. Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery
5. Post-surgical pain management by the surgeon
6. Supplies, except for those identified as exclusions
7. Miscellaneous services, such as dressing changes, local incision care, removal of operative pack, removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes

D. Services NOT Included in Global Surgery Payment

The following services are not included in the global surgical payment. These services may be billed and paid for separately:

1. Initial consultation or evaluation of the problem by the surgeon to determine the need for major surgeries. This is billed separately using the modifier “-57” (Decision for Surgery). This visit may be billed separately only for major surgical procedures.
2. Services of other physicians related to the surgery, except where the surgeon and the other physician(s) agree on the transfer of care. This agreement may be in the form of a letter or an annotation in the discharge summary, hospital record, or ASC record.
3. Visits unrelated to the diagnosis for which the surgical procedure is performed, unless the visits occur due to complications of the surgery

4. Treatment for the underlying condition or an added course of treatment which is not part of normal recovery from surgery
5. Diagnostic tests and procedures, including diagnostic radiological procedures
6. Clearly distinct surgical procedures that occur during the post-operative period which are not re-operations or treatment for complications
7. Treatment for post-operative complications requiring a return trip to the Operating Room (OR).
    a. An OR, for this purpose, is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, and an endoscopy suite. It does not include a patient's room, a minor treatment room, a recovery room, or an intensive care unit (unless the patient's condition was so critical there would be insufficient time for transportation to an OR).
8. If a less extensive procedure fails, and a more extensive procedure is required, the second procedure is payable separately.
9. Immunosuppressive therapy for organ transplants
10. Critical care services (CPT codes 99291 and 99292) unrelated to the surgery where a seriously injured or burned patient is critically ill and requires constant attendance of the physician. CPT codes 99291/99292 and modifier "-25" for pre-operative care or "-24" & "Modifier FT" for post-operative care must be used with supporting documentation that the critical care was unrelated.

E. Modifiers Used for Exceptions During Global Period

- **Modifier 24 - Unrelated E/M by Same Physician During a Postop Period**
    - Used to indicate an E/M service is unrelated to the original procedure by the same physician. Only use with E/M visit. Patient record and diagnosis code must support that the E/M is unrelated to original procedure

- **Modifier 25 – Significant, Separately Identifiable E/M Service by the Same Physician on the Same Day of the Procedure or Other Service**
    - The initial evaluation for minor surgical procedures and endoscopies is always included in the global surgery package
        - Providers should only use modifier 25 when they can clearly substantiate that the visit was **medically necessary, significant and distinctly separate** from the procedure or therapeutic service provided to the same patient on the same date of service.
    - See OCC Modifier 25 Tip Sheet for more detail and examples

- **Modifier 57 - Decision for Major Surgery**
    - Used when an E/M visit resulted in a decision to perform a major surgery (90 day period). Patient record should clearly indicate or be clear to discern as the initial decision.
    - Do not use Modifier 57 with an E/M on the same day as a minor surgery

- **Modifier 58 - Staged/Related Procedure or Service by Same Physician During the Postop Period**
    - Used when a subsequent surgery is done within the postoperative period of another and the subsequent surgery was:
        - Planned prospectively or staged at time of original procedure, ***or***
        - Was more extensive than original procedure, ***or***
        - Was for therapy following a diagnostic surgical procedure

❖ **Modifier 78 - Unplanned Return to the OR by Same Physician for a Related Procedure During Postop Period**

- Used for a return trip to the OR for a related surgical procedure during the postop period
  - An OR is defined as "a place of service specifically equipped and staffed for the sole purpose of performing surgical procedures."
    - OR includes a cardiac catheterization suite, a laser suite, and an endoscopy suite
    - OR does not include a patient's room, a minor treatment room, a recovery room, or an intensive care unit unless the patient's condition was so critical there was not time to transport to an operating room.

❖ **Modifier 79 - Unrelated Procedure/Service by Same Physician During the Postop Period**

- Used for unrelated procedure by same physician (or physician of same specialty and group) during postoperative period, usually reported with a different ICD-10 code
- The use of RT, LT, or ophthalmological modifiers E1-E4 are helpful and should be used in addition to modifier 79 when applicable

❖ **Modifier FT – Unrelated Critical Care during a postoperative period** [Unrelated evaluation and management (e/m) visit on the same day as another e/m visit or during a global procedure (preoperative, postoperative period, or on the same day as the procedure, as applicable)]

- Use when primary surgeon is billing critical care service in the global surgery period when care is unrelated to the surgery. Documentation must include reason/statement that care is unrelated to the surgery.
- Use along with Modifier 24 according to NGS

F. Package Rules by Global Period

Global Days	Package Rules	Pre-operative Period/Same Day	Post-Operative Period
0 Days	Minor procedures or endoscopies: **Pre-op and Post-op on the day of the procedure only** are included in the fee schedule amount. E/M Services on the day of the procedure, including the decision to perform, are included in the payment for the procedure.	**Rule:** When the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine pre-operative service and a visit or consultation is not billed in addition to the procedure. **Exception:** • Use Modifier 25 if there is a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure. • The E/M service must be above and beyond the usual preoperative and postoperative care associated with the procedure that was performed. **Caution:** Modifier 25 usage is highly scrutinized as it may garner payment a provider was not otherwise entitled to due to the packaging rules.	**Rule:** No post-operative period. Post-op visits beyond the day of the procedure **are** separately billable.

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Global Days	Package Rules	Pre-operative Period/Same Day	Post-Operative Period
10 Days	Minor surgery: **Pre-op on day of procedure, same day, and 10 day Post-op period** included in the fee schedule amount. E/M Services on the day of the procedure, including the decision to perform, and 10 days post-op including complications that do not include a return to OR, are included in the payment for the procedure.	**Rule:** When the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine pre-operative service and a visit or consultation is not billed in addition to the procedure. **Exception:** • Use Modifier 25 if there is a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure. • The E/M service must be above and beyond the usual preoperative and postoperative care associated with the procedure that was performed. **Caution:** Modifier 25 usage is highly scrutinized as it may garner payment a provider was not otherwise entitled to due to the packaging rules.	**Rule:** The day of surgery and 10 days immediately following are NOT separately billable. Surgical package includes follow-up visits during the period related to recovery from surgery, pain management, and complications that don't require a return to the OR. See "**Section C"** for surgical package inclusions. ***Report 99024 during the 10 day post-op period*** **Exception**: a scenario fits one of the exclusions detailed in "**Section D".** If this occurs, one of the below modifiers may apply: +**24 or FT** - Unrelated E/M by Same Physician During a Postop Period +**58** - Staged/Related Procedure or Service by Same Physician During the Postop Period +**78** - Unplanned Return to the OR by Same Physician for a Related Procedure During Postop Period +**79** - Unrelated Procedure/Service by Same Physician During the Postop Period

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Global Days	Package Rules	Pre-operative Period/Same Day	Post-Operative Period
90 Days	Major surgery: **1-day preoperative period, same day, and 90-day postoperative period** including complications that do not involve return to the OR, are included in the fee schedule amount.	**Rule:** E/M services on the day before or day of major surgery **that result in the initial decision** to perform the surgery are NOT included in the global surgery payment and may be billed and paid separately. See Exception for Modifier 57 below. Otherwise, services on the day of the procedure are not payable as a separate service. ***Report 99024*** **Modifier 57 Exception:** • Use Modifier 57 if E/M resulted in the initial decision for major surgery AND will be scheduled that day or the next day. • *Note:* If the surgery will not occur in this timeframe, the pre-operative period is not implicated and Modifier 57 is not needed.	**Rule:** The day of surgery and 90 days immediately following are NOT separately billable. Surgical package includes follow-up visits during the period related to recovery from surgery, pain management, and complications that don't require a return to the OR. See **"Section C"** for surgical package inclusions. ***Report 99024 during the 10 day post-op period*** **Exception:** a scenario fits one of the exclusions detailed in "**Section D".** If this occurs, one of the below modifiers may apply: •**24** or **FT**- Unrelated E/M by Same Physician During a Postop Period •**58** - Staged/Related Procedure or Service by Same Physician During the Postop Period •**78** - Unplanned Return to the OR by Same Physician for a Related Procedure During Postop Period •**79** - Unrelated Procedure/Service by Same Physician During the Postop Period
XXX	Global concept does not apply to the code	Global concept does not apply to the code	N/A
YYY	Carrier to determine if global concept applies and establishes post-op period, if appropriate, at time of pricing	Contractor priced codes for which carrier determines the global period	See 0, 10, 90, or XXX as appropriate based on contractor pricing

ZZZ	Code is related to another service and is always included in the global period of the other service	Add-on surgical codes: Global period is determined by the related usually primary procedure.	See 0, 10, 90, or XXX as appropriate per the primary code

References:

CMS Global Surgery Booklet
NGS Global Period Services FAQs
NGS Modifier Usage
NGS Global Surgery Article
Medicare Claims Processing Manual, Chapter 12, Section 30.6.6
Medicare Claims Processing Manual, Chapter 12, Section 40.1-40.3

Questions about this tip sheet? compliance@bsd.uchicago.edu