



**June 30, 2021**

## Physicians and Mid-Level Providers

### Global Surgical Package

Many surgical services are reimbursed as a global surgical package instead of each individual component. The global surgical package fee covers all services performed by the provider, or by providers within the same group and same specialty, routinely performed during the pre-operative, intra-operative, and post-operative period.

Global surgery periods are pre- and post-operative time frames assigned to surgical procedures. These indicators are included in the Physician Fee Schedule.

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code.

A surgical or medical procedure is billed within the global period of another procedure. If the provider submitting the medical/surgical procedure code within the global period of another is the same provider that performed the original procedure or a different provider of the same specialty and tax ID (group practice) **and** modifier 58, 59, 62, 66, 76-82 or AS is not present on the surgical procedure code, the service will be denied. There are three global packages based on number of post-operative days: 0-day, 10-day, and 90-day post-operative period.

#### 0 - Day Post-Operative Period

- For surgical procedure with a 0-day global period, the medical/surgical procedure cannot be billed the day of the surgery or within 10 days following the surgery unless modifier 51, 54, 55, 58, 59, 62, 66, 76-82 or AS is present.

#### 10 - Day Post-Operative Period

- For surgical procedure with a 10-day global period, the medical/surgical procedure cannot be billed the day of the surgery unless modifier 51, 54, 55, 58, 59, 62, 66, 76-82 or AS is present.
- For surgical procedures with a 10-day global period, the medical/surgical procedure cannot be billed 10 days following the surgery unless modifier 58 or 76-79 is present.

#### 90 - Day Post-Operative Period

- For surgical procedures with a 10-day global period, the medical /surgical procedure cannot be billed the day of the surgery or within 10 days following the surgery unless modifier 51, 54, 55, 58, 59, 62, 66, 76-82 or AS is present.
- For surgical procedures with a 90-day global period, the medical /surgical procedure cannot be billed within 90 days following the surgery unless modifier 58 or 76-79 is present.
- For surgical procedures with a 90-day global period, the medical /surgical procedure cannot be billed

the day of the surgery unless modifier 51, 54, 55, 58, 59, 62, 66, 76-82 or AS is present.

- For surgical procedures with a 90-day global period, the medical /surgical procedure cannot be billed the day before the surgery unless modifier 58 or 76-79 is present.

The Centers for Medicare and Medicaid (CMS) published a Global Surgery Booklet in September 2018. [This booklet outlines billing of a Global Surgical Package and can be accessed on the CMS website at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/globalssurgery-icn907166.pdf.](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/globalssurgery-icn907166.pdf)

## **Contact Information**

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For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)