GLOBAL FEE PERIODS REVISITED

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The global surgical package, also called “global surgery” or “global fee period,” is a single payment that includes all medically necessary services furnished by a surgeon before, during, and after a surgical procedure. Medicare payment includes the pre-operative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. For purposes of this article, it would be Ophthalmology, Specialty 18. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.1

THREE TYPES
The three types of global surgery include simple, minor, and major procedures based on the number of post-operative days.

1. 0-Day Global Period (biopsy of skin lesion, revision of iris, epilation trichiasis, treatment of retinopathy, and other simple procedures)
   • No pre-operative period
   • No post-operative days
   • Visit on day of procedure is generally not payable as a separate service unless it is determined that a special circumstance has occurred.

2. 10-Day Global Period (trabeculectomy by laser, revision of iris, probe nasolacrimal duct, insertion of anterior segment aqueous drainage device, and other minor procedures)
   • No pre-operative period
   • Visit on day of the procedure is generally not payable as a separate service unless it is determined that a special circumstance has occurred.
   • Total global period is 11 days (the day of the surgery and the 10 days immediately following the day of the surgery).

3. 90-day Global Period (cataract, YAG laser capsulotomy, corneal transplant, repair detached retina, and other major procedures)
   • One-day pre-operative period included
   • Day of the procedure is generally not payable as a separate service unless it can be determined that a special circumstance has occurred.
   • Total global period is 92 days (1 day before the day of surgery, the day of surgery, and 90 days immediately following the day of surgery).

INCLUDED SERVICES
What services does Medicare consider included in the surgery payment?
• Pre-operative visits after the decision is made to operate. For major procedures, this includes preoperative visits the day before or the day of surgery.
• Intra-operative services that are normally a usual and necessary part of a surgical procedure.
• All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications that do not require additional trips to the operating room.
• Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery.
• Post-surgical pain management by the surgeon.
• Supplies, except for those identified as exclusions.
• Miscellaneous services, such as dressing changes, local incision care, removal of sutures.

SEPARATELY PAID SERVICES
What services does Medicare pay separately during the global fee period?
• Initial evaluation to determine the need for major surgeries. This is billed separately using modifier “-57” (Decision for Surgery). This visit may be billed separately for major surgical procedures only.
• Services of other physicians related to the surgery, except where the surgeon and the other physician(s) agree on the transfer of care.
• Visits unrelated to the surgical procedure performed, unless the visits occur due to complications of the surgery.
• Treatment for the underlying condition or an added course of
Complete definitions of the modifiers that apply during a global fee period can be found in the back of the CPT coding manual and should be reviewed closely when billing for services included in the global surgical package.

- Diagnostic tests and procedures, including diagnostic radiological procedures.
- Clearly distinct surgical procedures that occur during the post-operative period which are not re-operations or treatment for complications.

WHAT ABOUT SIMPLE AND MINOR PROCEDURES?
- For 0-day post-operative period procedures, post-operative visits beyond the day of the procedure are not included in the global surgical period. Follow-up visits are separately billable and payable beginning the day after surgery.
- For 10-day post-operative period procedures, Medicare does not allow separate payment for post-operative visits or services within 10 days of the surgery that are related to recovery from the procedure. Services by other physicians outside the group practice are generally not included in the global fee for minor procedures. Any follow-up visits required after 10 days are billable and payable.

When a special circumstance occurs, Medicare permits separate payment for office visits performed on the day of simple, minor surgeries and major surgeries.

USE OF MODIFIER -25
Visits performed by the same physician on the same day as a minor surgery are included in the global package, unless a significant, separately identifiable service is also performed.
- Use modifier “-25” with the appropriate level of office visit when the examination is beyond the usual pre-operative and post-operative care associated with the procedure or service.
- Different diagnoses are not required for reporting the office visit on the same date as the procedure or other service.
- Both the exam and the procedure must be appropriately and sufficiently documented by the physician or qualified non-physician practitioner in the patient’s medical record to support the claim for these services.

USE OF MODIFIER -57
An office visit resulting in the initial decision to perform surgery on the day before major surgery or on the day of major surgery is not included in the global surgery payment for the major surgery. Therefore, these services may be billed and paid separately. In addition to the office visit CPT code, modifier “-57” (Decision for surgery) is used to identify a visit that results in the initial decision to perform surgery.

OTHER COMMONLY USED MODIFIERS
Other most commonly used modifiers that may apply to the global surgery package include:
- -24: Unrelated exam during the global fee period.
- -54: Surgical Care Only. Use when a patient is co-managed.
- -78: Unplanned return to the operating room during the global fee period by the same physician.
- -79: Unrelated procedure by the same surgeon during the global fee period.

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NOTE
1 Medicare Claims Processing Manual, Chapter 12, Sections 40 and 40.1.

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