

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



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- [“Medicare Physician Fee Schedule,”](#) Fact Sheet, ICN 006814 Downloadable only.

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## Additional/Subsequent Procedures Performed During the 90 Day Global Period for Major Surgeries

### Provider Types Affected

This MLN Matters® Special Edition (SE) Article is intended for physicians who perform and bill for surgery on Medicare beneficiaries. This article may also be of interest to Hospitals, Multispecialty Clinics, and Accountable Care Organizations.

### Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is publishing this article to remind providers of the Global Surgery Period and to educate providers on how to correctly bill for additional/subsequent procedures performed in the 90 day global period. **You and your billing staff should review and be familiar with the payment guidelines for Evaluation and Management (E/M) services provided during the Global Surgery Period.**

### Background

CMS is reminding providers of the Global Surgical Package (GSP) and the services which are included. Recovery Auditor reviews have determined that providers are incorrectly billing E/M services provided by the surgeon the day before major surgery, the day of minor surgery, 0-10 days after minor

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surgery, and up to 90 days after major surgery. The GSP was established by CMS to ensure that all components of surgery (including pre- and post-operative services) were bundled into one payment.

Under Medicare Physician Fee Schedule rules, most surgical procedures include pre- and postoperative E/M services. Physicians can indicate that E/M services rendered during the global period are not included in the GSP by submitting modifiers 24 (Unrelated E/M Service by same Physician during Postoperative Period), 25 (Significant, Separately identifiable E/M Service by the same Physician on the same day of the Procedure or Other Service), and 57 (Decision for Surgery made within Global Surgical Period) with the E/M service.

In addition, where appropriate, modifier 79 (Unrelated Procedure or Service by the same Physician during the Postoperative Period) may be used. CMS established modifier 79 to simplify billing for services provided to a patient by the same physician during the postoperative period that were unrelated to the original surgical procedure and not included in the payment for the surgical procedure.

Make certain you and/or your billing staff are NOT billing for E/M services that are already included in the payment for global surgery. Your staff may want to review the payment guidelines for E/M services provided during the global period of surgery. These instructions can be found in the "Medicare Claims Processing Manual," Chapter 12, Section 40, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf> on the CMS website.

## Additional Information

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For more information on the global surgical package, refer to "Global Surgery Fact Sheet" which provides an overview of global surgery, available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GlobalSurgery-ICN907166.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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