

Policy Name	Global Days
<p><b>Summary</b></p>	<p>The Centers for Medicare and Medicaid Services (CMS) has established global period in the form of follow-up days for certain surgical procedure codes. These global periods are published in the Federal Register. These assigned global periods can be 0 days, 10 days, or 90 days.</p> <p style="text-align: center;"><b>Value Descriptions</b></p> <p><b>000</b> Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only are reimbursable services.</p> <p><b>010</b> Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period are reimbursable services.</p> <p><b>090</b> Major surgery with a 1-day preoperative period and 90-day postoperative period included in the global package.</p> <p><b>MMM</b> Maternity codes; the usual global period concept does not apply. A 42-day global period has been assigned to the global maternity codes.</p> <p><b>XXX</b> The global concept does not apply to the code.</p> <p><b>YYY</b> These are unlisted codes, and subject to individual pricing. A 0-day global period has been assigned to these codes.</p> <p><b>ZZZ</b> These present add-on codes. They are related to another service and are always included in the global period of the primary service.</p>

## Summary (Cont.)

### Postoperative Services included within the Global Period:

- Complications following surgery, including all additional medical and/or surgical services required of the physician (not resulting in a return trip to the operating room) that occur within the designated global period.
- Critical care services for the seriously injured or burn patient.
- Postoperative visits. This includes follow-up E&M visits that occur within the designated global period that are related to the patient recovery following surgery.
- Post-surgical pain management by the physician.

### Miscellaneous services related to the procedure:

- Dressing changes.
- Local incisional care.
- Insertion, irrigation and removal of urinary catheters.
- Routine peripheral intravenous lines.
- Nasogastric and rectal tubes.
- Changes and removals of tracheostomy tubes.
- Removal of cutaneous sutures/staples, lines, wires, tubes, drains, or casts and splints.

## Definitions

- **Major procedures** are defined as those procedures having a 90 day global period. That is, they include Evaluation and Management (E&M) services provided by the physician on the day before, the day or and 90 days after the major procedure.
- **Minor procedures** are defined as those procedures having a 0 to 10 day global period. That is, they include related E&M services provided by the physician on the day of, and 0 or 10 days after the procedure (depending upon the complexity of the procedure).

## Related Coding Information

### Modifiers:

**24** *Unrelated Evaluation and Management (E&M) service by the same physician during a postoperative period.*

The physician may need to indicate that an E&M service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier 24 to the appropriate level of E&M service.

## Related Coding Information (Cont.)

### **25** *Significant, separately identifiable E&M service by the same physician on the day of a procedure.*

The physician may need to indicate that on the day a procedure or service was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond the usual pre- and postoperative care associated with the procedure. This circumstance may be reported by adding the modifier 25 to the appropriate level of E&M service.

### **57** *Decision for Surgery*

An E&M service that resulted in the initial decision to perform the surgery may be identified by adding the modifier 57 to the appropriate level of E&M service.

Note: This modifier should only be used in cases in which the decision for surgery was made during the preoperative period of a major surgical procedure (90-day global period).

### **58** *Staged or related procedure or services by the same physician during the postoperative period*

The physician may need to indicate that the performance of a procedure or service during the postoperative period was:

- a) Planned prospectively at the time of the original procedure (staged);
- b) More extensive than the original procedure; or
- c) For therapy following a diagnostic surgical procedure.

### **78** *Return to the Operating Room for a related procedure during the postoperative period*

The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier 78 to the related procedure.

### **79** *Unrelated procedure or service by the same physician during the postoperative period*

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier 79.

**Related Coding Information (Cont.)**

Services of physicians and non-physicians of the same specialty with the same group with the same federal tax identification number are considered as having been performed by the same physician providing global period services.

**Resources**

- Current Procedural Terminology (CPT)
- Center for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS)

**Effective Date**

04/01/99

**Revision Date**

01/01/2007  
01/01/2006

**Explanation of Change**

2007 annual Code update  
09/25/2006: Global day assignment for global maternity codes changed from 49 days to 42 days.  
2006 annual Code update