

Global Period for Minor and Major Surgeries

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Scope and history

This guide applies to all providers, non-physician providers and subcontractors who submit surgical service claims. The purpose of this guide is to provide direction on CareOregon policy for billing evaluation and management (E/M) services within the global period of a minor or major surgery.

A surgical global period refers to a set timeframe during which all necessary services related to a surgical procedure are bundled together and covered under a single payment. This period includes:

Preoperative care: Evaluation and management services provided before the surgery.

Intraoperative care: The actual surgical procedure.

Postoperative care: Follow-up visits and care after the surgery.

The length of the global period can vary depending on the type of surgery. The post-operative period is indicated within the Medicare Physician Fee Schedule:

Zero-day global period (minor surgery): Only includes services on the day of the procedure.

10-day global period (minor surgery): Includes the day of the procedure and the following 10 days.

90-day global period (major surgery): Includes the day before the surgery, the day of the surgery, and the 90 days following the surgery.

In addition, Oregon Administrative Rule 410-130-0380 indicates that the preoperative period for minor and major surgeries includes pre-operative visits within 15 days of surgery.

Policy/guidelines

CareOregon has moved into alignment with the Oregon Administrative Rule Surgery Guidelines. In addition to denying related E/M services performed within the intraoperative and postoperative care period for surgeries, claims will now determine if there is a related E/M service within the 15 days leading up to the minor or major surgery.

When a claim is received:

- A. For an evaluation and management service
- B. Within 15 days prior to a 10-day or 90-day global period surgery
- C. With the same diagnosis

The E/M service will be denied with an indication that the payment is bundled with the surgical procedure unless the line contains one of the following modifiers:

- Modifier 25 - a significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service

Note: CareOregon does not currently deny E/M services billed with modifier 25 when the surgery is on a different day from the E/M. Any future investigations into use of modifier 25 will take into consideration that the modifier may be used to indicate that the E/M is significant and separate from the surgical service up to 15 days after the date of the E/M.

- Modifier 57 - an E/M service resulted in the initial decision to perform surgery either the day before a major surgery (90 day global) or the day of a major surgery

References

<https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-130-0380>

[MLN907166 – Global Surgery \(cms.gov\)](#)

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.