AULTCARE

GUIDELINES FOR GLOBAL BILLING AND CORRECT CODING

Why Global Billing Rules Matter
Global billing ensures compliance with CMS and payer regulations, accurate reimbursement and fraud prevention. It bundles preoperative, intraoperative and postoperative services into one payment, reducing administrative burden and claim denials. Understanding what is included – and excluded – within the global package is critical for proper coding and billing.

Definition of Global Billing
Global billing refers to a single comprehensive payment for all services related to a surgical procedure during a defined global period. This includes care provided before, during and after surgery by the same physician or group practice.

Global Period Overview
- **0-Day Global Period:** Only the day of the procedure is covered
- **10-Day Global Period:** Includes the day of surgery and 10 days post-op
- **90-Day Global Period:** Includes one day pre-op, the day of surgery and 90 days post-op

Included vs. Excluded Services
- **Included:** Pre-op visits after decision for surgery, intraoperative services, post-op visits related to recovery, pain management, dressing changes, suture/staple removal
- **Excluded:** Initial evaluation for surgery, unrelated services, diagnostic tests, distinct procedures during post-op, complications requiring return to OR

Examples of Global Period Scenarios
- CPT 27447 (Total Knee Arthroplasty): 90-day global period; includes all follow-up visits for surgical recovery.
- CPT 11400 (Excision of benign lesion): 10-day global period; includes suture removal and wound checks.
- CPT 45378 (Diagnostic colonoscopy): 0-day global period; only procedure day is covered.

Detailed Modifier Usage: When and How to Code

MODIFIER	DESCRIPTION	WHEN & HOW TO CODE (EXAMPLE)
24	Unrelated E/M during global period	Append to E/M code (e.g., 99213-24) for unrelated condition. Example: Sinus infection visit after knee surgery.
25	Significant, separately identifiable E/M on same day	Append to E/M code (e.g., 99214-25) when E/M is above and beyond usual pre-op work. Example: Lesion removal + evaluation for abdominal pain.
57	Decision for surgery	Append to E/M code (e.g., 99215-57) when visit results in decision for major surgery. Example: Hip pain visit leading to hip replacement.
58	Staged or related procedure	For planned or staged procedure during global period. Example: Second reconstructive surgery.
78	Return to OR for complication	For related procedures due to complication during global period. Example: Post-op bleeding requiring surgical intervention.
79	Unrelated procedure during global period	For unrelated procedure during global period. Example: Appendectomy during knee surgery recovery.

Compliance Best Practices
- Verify global period before billing.
- Document medical necessity for all services outside the global package.
- Use correct modifiers and ensure supporting documentation.
- Track global period dates in your billing system.
- Conduct internal audits to prevent overbilling or missed charges.

Common Denial Reasons
- Bundled services billed separately
- Incorrect modifier usage
- Failure to track global period
- Insufficient documentation
- Diagnostic tests billed incorrectly

Summary
Global billing combines surgical care into one payment for defined periods (0, 10, 90 days). Know what's included and what's excluded and apply modifiers (-24, -25, -57, etc.) correctly for unrelated or additional services. Always verify payer rules, document thoroughly and track global periods to avoid denials.

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