



GUIDELINES FOR PRE- AND POSTOPERATIVE CARE CODING AND BILLING

COMPREHENSIVE EDUCATIONAL RESOURCE

Pre - and Postoperative Care & Global Periods Overview

Global billing is critical for compliance, accurate reimbursement and fraud prevention. It bundles preoperative, intraoperative and postoperative services into one payment, reducing administrative burden and minimizing claim denials. Proper understanding of global periods ensures that providers avoid billing errors, maintain payer trust and streamline workflows. By adhering to these rules, practices can prevent costly audits and improve revenue cycle efficiency.

Beyond compliance, global billing plays a key role in reducing duplicate claims, preventing overpayments and ensuring transparency in surgical care. It also helps providers align with CMS and commercial payer requirements, which is essential for avoiding penalties and maintaining financial stability.

Definition of Pre/Postoperative Care

Pre/Postoperative Care encompasses all medical services provided to a patient before and after a surgical procedure to ensure safety and optimal recovery.

- **Preoperative** care includes activities such as patient assessments, diagnostic tests, risk evaluations and preparation for anesthesia or surgery. These steps help identify potential complications and optimize the patient's condition prior to the procedure.
- **Postoperative** care focuses on monitoring the patient's recovery, managing pain, preventing infections and addressing complications that may arise after surgery. This care is critical for reducing risks, improving outcomes and supporting the patient's return to normal function.

What Are the Global Period Durations

PROCEDURE TYPE	GLOBAL PERIOD	INCLUDED SERVICES
Minor procedure	0 days	Day of surgery only
Intermediate procedure	10 days	Surgery + 10 days post-op
Major procedure	90 days	1 day pre-op + surgery + 90 days post-op



Detailed Modifier Usage: When and How to Code

MODIFIER	DESCRIPTION	REASON TO APPLY
24	Unrelated E/M during global period	E/M for unrelated condition during global period
55	Postoperative management only	Another provider assumes post-op care
56	Preoperative care only	Provider performs only pre-op care
57	Decision for surgery	E/M visit resulted in decision for major surgery
58	Staged procedure	Planned or related procedure during global period
78	Return to OR for complication	Patient returns for related complication
79	Unrelated procedure during global period	Unrelated procedure performed during global period

Compliance Best Practices

- Verify global period for each payer before submitting claims.
- Use correct modifiers with supporting documentation.
- Maintain accurate global period tracking in your billing system.
- Document medical necessity for all non-global services.

Common Denial Reasons

- Bundled services billed separately: Attempting to bill for services already included in the global package
- Incorrect modifier usage: Applying the wrong modifier or omitting necessary modifiers
- Failure to track global periods: Billing outside the allowed timeframe or overlapping global periods
- Diagnostic tests billed incorrectly: Tests related to the surgery billed separately without justification

Summary

This guide provides clear, practical instructions for coding and billing pre- and postoperative care within the global surgery period. It explains global period durations, defines included and excluded services and details proper modifier usage to ensure compliance and accurate reimbursement. By following best practices, such as verifying global periods, applying correct modifiers and maintaining thorough documentation, providers can reduce claim denials, prevent billing errors and support financial integrity.