

**June 1, 2001**

**PHYSICIANS, MID-LEVEL PRACTITIONERS,  
EPSDT PROVIDERS, PODIATRISTS, DENTISTS,  
OPTOMETRISTS, PUBLIC HEALTH CLINICS,  
AUDIOLOGISTS, PSYCHIATRISTS  
MONTANA MEDICAID NOTICE**

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**PROVIDER BULLETIN – ADDENDUM TO PROVIDER MANUAL**

**GLOBAL SURGERY PERIOD BILLING**

**Effective July 1, 2001**, when billing an evaluation and management (E&M) or medical surgery code for a service with a date of service within a global surgery period for a distinct service, you **must** use the correct modifier. Such codes billed without the proper modifier will **automatically be denied**.

The global surgery criteria applies to the billing of services provided during the post operative surgery periods when they are billed by the surgeon who performed the surgery **or another member of the same practice performing follow-up care for the surgeon**. Additionally, group practices should bill Medicaid for the services of their members in the same specialty and group practice as if a single practitioner provided all related follow-up services furnished to the patient.

**On March 20, 2000**, Medicaid issued a provider bulletin - **see attached copy** - requesting providers to bill correctly to receive reimbursement when billing for services with dates of service occurring within **global surgery periods**. The Medicaid system has now been modified and all codes billed incorrectly per the instructions in the March 20, 2000 Provider Notice, will be denied.

**RETROSPECTIVE REVIEW**

The Department's Surveillance Utilization and Review Section (SURs) will conduct a retrospective review of all claims with dates of service between May 1, 2000 and July 1, 2001 impacted by the Global Surgery Period billing policy. Where appropriate SURs will notify providers of claims that would be denied due to the policy and allow the providers an opportunity to make the appropriate corrections to those claims.

## **GLOBAL SURGERY EXCEPTION TEXT**

If a service is denied for being part of a global surgery period, you will see the following text on your Statement of Remittance (SOR):

“Service denied. This surgical, medical or evaluation and management (E & M) procedure is included within the established global period of another surgical or medical procedure, or the E & M procedure included in the global period has already been paid.

If you feel this denial was inappropriate, please resubmit and/or adjust affected claim(s) with appropriate modifiers(s).”

## **GLOBAL SURGERY CODES**

For a list of global surgery codes please see the current **Montana Medicaid Fee Schedule**, January 2001 edition for your provider type – physicians, mid-level practitioners, etc. A revised fee schedule, effective July 2001 will be available this July. To obtain a copy, include a request with your next set of claims or call Provider Relations at 1-800-624-3958.

## **QUESTIONS AND MORE INFORMATION:**

If you have any questions, please call the ACS Provider Relations Unit at:

Helena & Out-of-State:	406-442-1837
In State Toll Free:	1-800-624-3958

Or, at Department of Public Health and Human Services, Medicaid Services Bureau, please call the Program Officer for your provider type at 406-444-4540.