

Procedure Codes Assigned to Surgical Benefit Categories

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Originally Effective: 1/1/2000

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM023

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. Surgical Benefit Categories - Overview

Procedure codes are assigned to a surgical benefit category based on the type of service performed and how Medicare (CMS) classifies the procedure. CMS uses several indicators on the Physician Fee Schedule to indicate whether a service is considered surgical.

B. Types of Surgical Benefit Categories

Surgical benefit categories include general surgical procedures and certain specialized categories, such as:

1. Endoscopic surgery
2. Infertility surgery
3. Family Planning surgery
4. Maternity surgery
5. Medicare Routine Foot Care
6. Transplant surgery

C. What is Considered a Surgical Procedure?

A procedure does not need to involve general anesthesia, an operating room, a skin incision, or sutures to be considered surgical. Surgical procedures may include but are not limited to:

- Incision or excision
- Amputation
- Introduction (of needles, catheters, or instruments, etc.)
- Endoscopy
- Repair
- Destruction of tissue (e.g., warts, lesions, abnormal tissue, etc.)
- Suturing
- Manipulation, such as treatment of fractures or dislocations
- Treatment of burns

D. Medicare (CMS) Indicators of Surgical Procedures

1. CMS uses the Global Surgery Days Indicator on the Physician Fee Schedule to help classify surgical procedures.
 - a. A 10-day or 90-day global period is always considered a surgical procedure code.
 - b. A 0-day global period:
 - i. Most are considered surgical procedures.
 - ii. Some may not be, depending upon the nature of the service.
 - c. "MMM" indicator:
 - i. Considered maternity services.
 - ii. Certain Maternity procedures (e.g., cesarean delivery, tubal ligation, hysterectomy after cesarean delivery, etc.) are also classified as Maternity surgical codes.

- d. "XXX," "YYY," and "ZZZ" indicators may be considered surgical procedures, depending upon the service.
 - e. When classification is unclear, the following factors are used to determine whether a procedure is surgical:
 - i. Key words in the procedure code description.
 - ii. How the procedure is performed.
 - iii. Other CMS indicators on the physician fee schedule.
2. If a new procedure code has not yet been assigned CMS indicators, the procedure code description alone is used to determine whether it should be considered surgical.

E. Locations and Settings

Surgical procedures may be performed in various settings, depending on the complexity of the service, including:

1. Physician's office
2. Patient room or bedside
3. Emergency department
4. Cardiac catheterization (cath) lab
5. Interventional radiology suite
6. Endoscopy suite
7. Operating room

F. Examples of Procedures Considered Surgical

Some procedures may not appear to be surgical at first glance but are classified as surgical. This list is not intended to be comprehensive to address every type of question which may arise.

1. Closed Treatment of Fractures or Dislocated Joints

Certain fractures and joint dislocations can be treated without surgery by aligning the bones or joints and stabilizing them with a cast or splint. These procedures, with or without manipulation or anesthesia, are listed in the surgical section of the CPT book and have assigned global surgery days.

2. Application of Casts and Strapping

Codes for applying casts or strapping are listed in the surgical section of the CPT book and typically have a –day global period.

(Note: CPT coding and bundling rules determine when these services may be billed separately. These rules are found in the CPT book and/or the CPT Assistant publication.)

3. Endoscopy procedures

An endoscopy involves examining or treating the inside of the body using a lighted, flexible instrument inserted through a natural opening (such as the mouth or anus). Tools may be used for cutting, cauterizing, dilating, or grasping tissue. Endoscopy procedures are considered surgical and are assigned global surgery days.

4. Cardiac Catheterization and Cardiac Electrophysiology Procedures

These procedures involve accessing the heart through a blood vessel, usually in the groin or neck, using a catheter. They are typically performed in a cath lab using light sedation. Although listed in the Medicine section of the CPT book, CMS classifies these as surgical procedures.

5. Needle Biopsies and Other Percutaneous Procedures

Procedures that involve inserting a needle through the skin (such as needle biopsies, trigger point injections, joint aspirations, or joint injections) are generally considered surgical by CMS and/or the AMA.

6. Removal of warts, skin tags, etc.

Benign lesions may be removed using methods such as laser, electrosurgery, cryosurgery (freezing), or chemical application. These services are considered surgical, listed in the CPT surgical section, and are assigned global surgery days by CMS.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
TAC	Texas Administrative Code

CMS Global Days (period) Indicators Currently in Use

Global Days Indicator	Indicator Definition
000	Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable.
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during this 10-day postoperative period generally not payable.
090	Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.
MMM	Maternity codes; usual global period does not apply.
XXX	Global concept does not apply.
YYY	Carrier determines whether global concept applies and establishes postoperative period, if appropriate, at time of pricing.
ZZZ	Code related to another service and is always included in the global period of the other service. (Note: Physician work is associated with intra-service time and in some instances the post service time.)

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“Global Surgery Package for Professional Claims.”](#) Moda Health Reimbursement Policy Manual, RPM011.
- C. [“Modifier 51 - Multiple Procedure Fee Reductions.”](#) Moda Health Reimbursement Policy Manual, RPM022.
- D. [“Modifiers 58, 78, and 79 – Staged, Related, and Unrelated Procedures.”](#) Moda Health Reimbursement Policy Manual, RPM010.
- E. [“Modifiers 54, 55, and 56 – Split Surgical Care.”](#) Moda Health Reimbursement Policy Manual, RPM030.

Resources

1. CMS. *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 23 – Fee Schedule Administration and Coding Requirements, Addendum - MPFSDB Record Layouts.

2. "Endoscopy." *MedicineNet.com*. (Owned and operated by WebMD). Last accessed February 12, 2026. <https://www.medicinenet.com/search?query=endoscopy> ..

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
2/11/2026	Acronyms updated. Minor rewording. Footer format updated. No policy changes.
2/12/2025	Related Policies updated. Formatting updates. No policy changes.
2/14/2024	Formatting updates. No policy changes.
10/12/2022	Clarified CMS Physician Fee Schedule is source of specific global period days settings. Scope updated to include Idaho. Related Policies updated. No policy changes. Formatting updates. Policy History entries prior to 2022 omitted (in archive storage).
5/8/2013	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
Prior to 1/1/2000	Original Effective Date (with or without formal documentation). Policy based on the nature of the procedure and various CMS Physician Fee Schedule status indicators.