Global Surgery Periods and E/Ms

Prepared by Carol Yarbrough
MBA, CCA, CPC, OCS, CHC, AHIMA Approved ICD-10-CM/PCS Trainer,
Manager, External Audits and Investigations
Medicare Payment for Surgical Procedures

- Medicare payment for the surgical procedure includes:
  - the pre-operative, intra-operative and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty.
  - Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

Three Types of Global Periods Exist

- **Zero Day Post-operative Period, (endoscopies and some minor procedures).**
  - No pre-operative period
  - No post-operative days
  - Visit on day of procedure is generally not payable as a separate service

- **10-day Post-operative Period, (other minor procedures).**
  - No pre-operative period
  - Visit on day of the procedure is generally not payable as a separate service
  - **Total global period is 11 days.** Count the day of the surgery and 10 days following the day of the surgery
Three Types (Cont.)

- **90-day Post-operative Period (major procedures)**
  - One day pre-operative included
  - Day of the procedure is generally not payable as a separate service
  - **Total global period is 92 days.** Count 1 day before the day of the surgery, the day of surgery, and the 90 days immediately following the day of surgery
Exceptions – Modifier 24

• 30.6.6 - Payment for Evaluation and Management Services Provided During Global Period of Surgery: A. CPT Modifier “-24” - Unrelated Evaluation and Management Service by Same Physician During Postoperative Period

- Carriers pay for an evaluation and management service other than inpatient hospital care before discharge from the hospital following surgery (CPT codes 99221-99238) if it was provided during the postoperative period of a surgical procedure, furnished by the same physician who performed the procedure, billed with CPT modifier “-24,” and accompanied by documentation that supports that the service is not related to the postoperative care of the procedure. They do not pay for inpatient hospital care that is furnished during the hospital stay in which the surgery occurred unless the doctor is also treating another medical condition that is unrelated to the surgery. All care provided during the inpatient stay in which the surgery occurred is compensated through the global surgical payment.
To Identify the global surgery period, refer to the Medicare Physician Fee Schedule on CMS’ site

- The MPFS includes:
  - Status of a code.
  - Global day information.
  - Preoperative, intraoperative and postoperative information.
  - Multiple surgery information.
  - Bilateral, assistant-at-surgery, cosurgery and team surgery information.
  - Endoscopic billing information.
  - Physician supervision.
Example #1: Zero-Day Global or Minor

- Patient had ultrasound-guided retrograde access of the right common femoral artery; selective third-order angiogram of the left leg; balloon angioplasty of the distal posterior tibial artery; balloon angioplasty of the peroneal artery; supervision and interpretation of selective left leg third-order angiogram and catheterization procedure on February 19, 2014.

  - CPTs billed:
    - 77001-26: ZZZ* days
    - 37228: 0 days
    - 37232: ZZZ*
    - 76937: ZZZ

  - Remember: Minor procedures
    - No pre-operative period
    - No post-operative days
    - Visit on day of procedure is generally not payable as a separate service

*indicates 0 global days
Medicare Physician Fee Schedule shows:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>37228</td>
<td>Tib/per revasc w/tla</td>
</tr>
</tbody>
</table>

### Fully Implemented

<table>
<thead>
<tr>
<th>Code</th>
<th>Fully Implemented Facility Total</th>
<th>Fully Implemented Non-Fac Total</th>
<th>PCTC</th>
<th>GLOBAL</th>
<th>PRE OP</th>
<th>INTRA OP</th>
<th>PER OP</th>
</tr>
</thead>
<tbody>
<tr>
<td>37228</td>
<td>16.80</td>
<td>2.90</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Example #1: 0-Day Global or Minor

Question: Is this encounter billable?

Answer: Yes.

• The procedure performed has 0 global days and this is Day 2 post-procedure
• The documentation supports a 99231 E/M level of service

**Date of Admission:** 02/19/2014

**Date of Service:** 02/21/2014

**Trauma Name:**

This is a 60-year-old gentleman with vascular disease, a history of a partial left great toe amputation, now postoperative day 3, status post a left popliteal angioplasty.

**Examination:** This morning his right groin site looks good. He has good distal pulses.

He was transferred to 4B over the previous 24 hours. He is doing well. He has good distal pulses. His groin site looks good, and he will go to the operating room with Podiatry today.
Example #2: 10-Day Global or ‘Other’ Minor

- These procedures are not typically billed alone in your practice. Procedures you typically perform with others, however, include (for example):
  - 12020-12057: wound repairs
  - 12052 Clinical Example:
    - A 40-year-old male requires closure of a surgical wound of the lower left cheek resulting in a defect measuring 2.4 cm x 0.8 cm. The defect extends to subcutaneous tissue with a large subcutaneous dead space. The wound is under significant tension.
    - The following is an indication of what is included with this service:
**12052 Bundled Services:**

- **Preservice:** Preservice work begins with assessing the patient, and taking a history; reviewing current prescriptions; obtaining and reviewing current imaging and laboratory studies; communicating with other health care professionals; ordering preoperative antibiotics, and communicating with the patient and/or patient's family to explain the operative risks and benefits and to obtain informed consent. Other preoperative services include dressing; scrubbing; supervising the positioning, prepping, and draping of the patient; and ensuring that necessary surgical instruments and supplies are present.

- **Intraservice:** Intraservice work includes injecting local anesthetic for anesthesia and hemostasis; waiting for adequate anesthesia; prepping and draping the area; performing any closure the defect may require; removing any additional wound debris; irrigation; and performing electrocauterization for hemostasis. Sutures are placed in the superficial fascia to close the dead space and approximate the tissues. Suturing of the skin is performed as a separate layer. The area is cleansed and a sterile dressing is applied.

- **Postservice:** Postservice work begins with monitoring patient stabilization postprocedure. An operative report is dictated and orders are written. The physician communicates with the patient's family and other health care professionals (including providing written and oral reports). Discharge management includes the surgeon's final examination of the patient, which includes a discussion of home care and follow up; completing the discharge forms and prescriptions; reconciling preprocedure prescriptions; and communicating with other health care providers and the patient's family.
Medicare Physician Fee Schedule shows:

Single HCPCS Code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12052</td>
<td>Intmd rpr face/mm 2.6-5.0 cm</td>
</tr>
</tbody>
</table>

FED

<table>
<thead>
<tr>
<th>FULLY IMPLEMENTED FACILITY TOTAL</th>
<th>PCTC</th>
<th>GLOBAL</th>
<th>PRE OP</th>
<th>INT OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.77</td>
<td>0</td>
<td>010</td>
<td>0.10</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Example #1: 10-Day Global or Other Minor

Question: Would a follow-up encounter two days after the procedure to check on the wound status be billable?
Answer: No.
• The two days post-procedure falls within the 11 days.
• The documentation would not support a separately identifiable service.

Question: Would a follow-up encounter two days after the procedure to check on the wound status – and in that encounter – medication is prescribed for allergies – be billable?
Answer: Yes.
• Apply Modifier -24. The two days post-procedure falls within the 11 days.
• If the documentation clearly sets forth the new complaint which is unrelated to the wound care, the encounter is billable.
Example #3: 90-Day Global or Major

- Patient had major abdominal surgery on November 25, 2013.
- CPTs included:
  - 44120: 90 days
  - 44005: 90 days
  - 15777: ZZZ*
  - 44121: ZZZ
- Major Global includes day before, day of, and 90 days after (total: 92 days)

*indicates 0 global days
Medicare Physician Fee Schedule shows:

- Code: 44120
- Description: Removal of small intestine

Values:
- Fully Implemented Facility Total: 36.11
- Postoperative: 0
- Global: 90
- Preoperative: 0.09
- Intraoperative: 0.81
- POS: 0.10
Example #3: 90-Day Global or Major

Question: Does this note “support that the service [provided] is not related to the postoperative care of the procedure”?

Answer: No. This is not a billable encounter.

- 01/03/2014: 41st day of global coverage (falls w/in 90 days)
- The documentation does not support a service that is not related to the postoperative care of the patient after the initial procedure

DATE OF ADMISSION: 11/25/2013

DATE OF SERVICE:

DATE OF SERVICE: 01/03/2014

TRAUMA NAME:

The patient is hospital day #40, postop day #39 after ventral hernia repair complicated by small bowel leak, open abdomen. She has had no major events. Had a temperature spike. It looks like she may be developing a urinary tract infection. She has been on ceftriaxone. We are considering rescanning her abdomen, but I do not think is probably the source given the way her wound looks and the fact she is so far out. She is continuing on periodic wound VAC dressing changes. We have pretty much given up on finding the distal efferent limb of her small bowel, at least in the near future. Will continue the fever workup. If we do not find any other source, we will move forward with the CT scan.

I have seen and examined this patient, reviewed the pertinent laboratory and x-ray data and discussed the pertinent findings and plan with the resident staff.
Example #3: 90-Day Global (cont.)

Question: Does this note “support that the service [provided] is not related to the postoperative care of the procedure”?

Answer: No. This is not a billable encounter.

- This is a recordation of the patient’s progress with no elements of E/M provided.

**DATE OF ADMISSION:** 11/25/2013

**DATE OF SERVICE:**

**DATE OF SERVICE:** 01/28/2014

**TRAUMA NAME:**

**SUBJECTIVE:** This is hospital day number 65 for this 48-year-old with enterocutaneous fistula.

**EVENTS:** A physician meeting took place yesterday. She will go to the operating room on Monday for skin grafting and we will begin to cycle TPN so that she can more effectively get physical therapy during the daytime. Otherwise no major events.

**OBJECTIVE:** She is otherwise stable.

**ASSESSMENT AND PLAN:** Overall, the patient has a set plan for the next week. We will continue to follow that plan.
Example #3: 90-Day Global (cont.)

Question: Does the global period restart if another procedure is performed?

Answer: No.

- There is a reduction in payment for the 2nd procedure (usually a result of surgical complication)
- It is communicated by provider to the payer by using Modifier -78 on billing claim.
Question: Is this a billable encounter?

Answer: Yes.

- This is the 95th day after the initial surgery.
- The 2nd surgery properly billed with a modifier -78 does not restart the global period.
- A 99231 may be submitted for payment.
Example #3: 90-Day Global (Mod -24 applicable)

<table>
<thead>
<tr>
<th>DATE OF SERVICE: 02/10/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAUMA NAME:</td>
</tr>
<tr>
<td>SUBJECTIVE: The patient is a 62-year-old male admitted 10 days ago with concerns about biopsies being necrotizing fasciitis. He was taken to the OR for some ________. He was found to have just simple abscesses. He has been on local wound care ever since then. He has a fairly significant sacral decubitus. Plastics has seen him and recommended outpatient followup with nothing to do while acutely hospitalized. His other problems are all medical, including some hypokalemia, a round of V tach. Cardiology has been consulted for. Malnutrition. Superimposed on HIV disease and quadriplegia.</td>
</tr>
<tr>
<td>OBJECTIVE: On exam, he is awake, alert, cooperative. The wounds are small, well cared for, well drained and starting to granulate in. We are making some adjustments to his electrolytes to compensate for his hyperkalemia. He is currently on Florinef and this may need to be stopped. We have consulted with Medicine regarding potentially taking over management versus discharge within the next couple of days.</td>
</tr>
<tr>
<td>From a surgical standpoint, he does not need to be hospitalized and we are dealing all with medical problems. I have spoken to Dr. Alice Chen from the Medical Service, who will help us get him tuned up for possible discharge or alternatively will take him in transfer.</td>
</tr>
<tr>
<td>He remains afebrile. His vital signs are within normal limits otherwise.</td>
</tr>
</tbody>
</table>

**Question: Is this a billable encounter?**

**Answer: Yes.**

- 11<sup>th</sup> Global Day; however, per CMS, billable w Mod -24, as “the doctor is also treating another medical condition that is unrelated to the surgery.”
- 99233-24 allowable
Sources:

