

Dermatology Coding Alert

Global Periods: 'XXX'? 'YYY'? Make Sense of the Global Alphabet Soup

Hint: Major and minor procedures differ in days of postop care.

Ignoring global periods can wreak havoc on your bottom line, leading to denied claims, resubmissions, and appeals. But if you get to know the seven types of global periods Medicare assigns to procedure codes, you can look forward to smoother sailing when billing these claims.

Count Your Days for Major Or Minor

Of the seven different types of global periods Medicare has established, three represent the number of days of postoperative care included in the fee for the initial procedure, as follows:

000: This period indicates that related preoperative and postoperative care on the day of the procedure are included in the fee for the procedure itself. Any related evaluation and management work done on the same day as a procedure with this global indicator is generally included, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla., and Brooklyn, N.Y.

Example: Under Medicare guidelines, 11300 (Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less) has a global period of 0 days. Therefore, any related E/M procedures performed on the same day of service are typically not separately reportable.

010: This period indicates that Medicare includes 10 days of postoperative care in the payment of a procedure. Any E/M services you perform on the day of the procedure and during the ten-day global period "are generally not separately reimbursed," Medicare guidelines indicate.

Example: Code 11600 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less) carries 10 global days.

Manage 25 With Minor Procedures

Procedures with global periods of 0 or 10 days are generally considered "minor procedures." Because of this designation, Medicare and private payers don't pay separately for the E/Ms performed on the same day and consider a small history, exam, and MDM included in the fee for minor procedure.

In order to get paid for a separately identifiable and medically necessary E/M service performed on the same day as a minor procedure, you have to ensure that the E/M was documented as separate and significantly identifiable, in which case you can append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service). "The key is whether or not the E/M was medically necessary in addition to the procedure performed on the same day," says Mac.

Rely On 57 For E/Ms With Major Procedures

090: Procedures with 90-day global periods have one day of preoperative care and 90 days of postoperative care included in the fee for the initial procedure.

Example: Code 14000 (Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less) has a 90-day global period.

Codes with a 90-day global period are considered major surgeries. If the decision for surgery E/M is performed on the

same day, or the day before an unscheduled surgery, you should append modifier 57 (Decision for surgery) to receive separate payment for the E/M work.

Avoid Pigeonholing Groups

The remaining four global period categories do not have specific time periods for postoperative care attached to them.

MMM: Dermatology coders will not often find themselves dealing with these codes, as this period describes a service furnished in uncomplicated maternity cases including antepartum care, vaginal delivery and postpartum care. The usual global surgical concept does not apply to uncomplicated vaginal deliveries.

XXX: Codes assigned "XXX" are not subject to the global period concept. This designation is typically seen with E/M, lab and radiology tests but may be seen with other services, as well, notes Mac.

YYY: This designation means that individual carriers determine the global period. YYY usually applies to unlisted procedures, and the global period a carrier assigns will depend on the type of unlisted service. Example: Code 15999 (Unlisted procedure, excision pressure ulcer) carries a YYY global period.

ZZZ: This global period designation means the procedure is related to another primary procedure and falls within the global period of the other service. Only the additional intra-service work to perform this service is included in the work RVU. This global period typically applies to add-on codes. Example: Code 17003 (Destruction [e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage], premalignant lesions [e.g., actinic keratoses]; second through 14 lesions, each [List separately in addition to code for first lesion]) has a ZZZ global period.

Medicare lists the global periods in its Fee Schedule, but you should ask private carriers for their global periods in writing, because they may differ from Medicare's coverage.