

Dermatology Coding Alert

Practice Management: Master X-Y-Zs of Global Period Indicators to Maximize E/M Pay

Make sure to count pre-op day, too.

Procedures that your dermatologist performs can range from 0 to 90 days for the "global period." That's how long you'll have to wait before you can charge separately for E/M services related to the procedure.

To unlock the mystery of the global period, you'll need to understand seven classifications that Medicare uses to categorize every surgical procedure. These categories are the key to knowing when you can report an E/M service, and what modifiers you might need to ensure clean claims.

Decode Number of Days

Of the seven different global period categories Medicare has established, three represent the number of days of postoperative care included in the fee for the initial procedure, as described below:

- **000:** This period indicates that related preoperative and postoperative care on the day of the procedure is 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, 11043 (Debridement, muscle and/or fascia [includes epidermis, dermis, and subcutaneous tissue, if performed]; first 20 sq cm or less) has a global period of 0 days.

- **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 10-day global period "are generally not separately reimbursed," Medicare guidelines indicate.

Example: Code 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail], for permanent removal) carries 10 global days.

- **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 15757 (Free skin flap with microvascular anastomosis) has a 90-day global period.

Major/Minor Distinction Dictate Modifier Choice

Minor: Medicare considers global periods of 0 or 10 to be "minor procedures." Because of this designation, Medicare and other payers don't pay separately for an E/M performed on the same day. And they consider a small history, exam, and medical decision making included in the fee for the minor procedure.

To get paid for a documented, separately identifiable and medically necessary E/M service performed on the same day as a minor procedure, you can append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional 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," Mac emphasizes.

Major: Medicare considers codes with a 90-day global period to be major surgeries. If the surgeon performs an E/M service that results in a decision for surgery on the day of, or the day preceding, an unscheduled surgery, you should append modifier 57 (Decision for surgery) to receive separate payment for the E/M work.

Time Periods Aren't The Only Global Categories

The remaining four global-period classifications do not have specific time periods for postoperative care. Rather, they refer to other factors that your Medicare contractor uses to determine the global period, as follows:

- **MMM:** Dermatology coders will not often find themselves dealing with MMM codes, as this category describes a service furnished in uncomplicated maternity cases. That includes antepartum care, vaginal delivery, and postpartum care. The usual global surgical concept does not apply to uncomplicated vaginal deliveries.
- **XXX:** This category means "that the global concept doesn't apply to the procedure," says **Alice Kater, CPC, PCS**, coder for a South Bend, Ind., practice. You'll typically see this designation with E/M, lab, and radiology tests, but possibly with some other services that might impact your practice. For example, 10022 (Fine needle aspiration; with imaging guidance) has a global period designation of XXX.
- **YYY:** This designation means that individual Medicare contractors determine the global period. YYY usually applies to unlisted procedures, and the global period a contractor assigns will depend on the type of unlisted service.
- **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.

Coder tip: Medicare lists the global periods in its Fee Schedule, but you should ask private payers for their global periods in writing because they may differ from Medicare's policy.