

Optometry Coding & Billing Alert

Optometry Mythbuster: Don't Perform Surgeries? Global Periods Still Apply to You

Even minor procedures have global periods associated with them.

Myth: Because optometrists don't perform surgeries, they don't need to follow surgical global periods when seeing patients.

Reality: Not only do minor procedures have some global periods associated with them, but even services that have "000" global days actually still fall under the global surgical package rules. Therefore, optometry offices should be just as aware of the global surgical regulations as other specialists.

Check out the following tips on how to incorporate global periods into your procedure coding plans. Keep in mind, however, that not all states allow optometrists to perform all of these procedures, so check your state laws and ensure that ODs are able to report these codes based on your state laws and insurance contracts.

Consider This Example

Suppose you see a patient twice in the same week—on the first visit, the doctor inserts punctal plugs into the patient's eyes. On the subsequent visit, the optometrist checks to make sure the patient's eyes are less dry and that the plugs are staying in place properly. What do you report for the subsequent visit after the plug insertion?

The reality is that if you report a punctal plug code such as 68761 (Closure of the lacrimal punctum; by plug, each), then any E/M code you use for the next 10 days will be bundled into the initial plug placement payment, because these codes have 10-day postoperative periods.

On the other hand, if you perform an E/M service during that ten-day global period for an issue that is unrelated to the punctal plug insertion, bill the office visit with modifier 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period) to indicate it is not inclusive in the global period. Without the use of the 24 modifier, the visit will bundle as global. Modifier 24 typically applies if you meet these rules:

1. The same provider who performs the punctal plug insertion performs the subsequent E/M.
2. The patient reports for treatment of the unrelated issue while still in the global period for the punctal plug insertion.
3. The second E/M is unrelated to the punctal plug insertion.

Don't Be Surprised by Globals

The number of commonly-performed procedures linked to ten-day global periods may surprise you, and include the following, among others:

- 68761: Closure of the lacrimal punctum; by plug, each
- 11440: Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

Therefore, if you perform one of these procedures and you administer an E/M service within the next ten days that's related to the procedure, your insurer will likely bundle the payment for the E/M service into the amount you received for the procedure.

If, however, you perform an E/M that's not related to the procedure, you can use modifier 24 to separate it.

Know the Rules for '000' Day Globals

Some services have "000" global days assigned to them, and although you may think that "000" truly means "zero," that's not the case. The 000 classification means the procedure adheres to bundling rules only on the date of the service. Most payers will therefore bundle all services that you perform on the procedure date into codes with this 000 global period.

Commonly-performed eye procedures such as the following carry "000" global days:

- 65205: Removal of foreign body, external eye; conjunctival superficial
- 65210: Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
- 65222: Removal of foreign body, external eye; corneal, with slit lamp

Therefore, if you perform an E/M service that prompts you to perform a foreign body removal from the eye, the payer will typically bundle the associated E/M service on that date into the payment for the FBR service.

'X' Marks the Spot for These Procedures

You'll also notice that some services carry a global period of "XXX." An XXX modifier means the service is truly free of global surgical bundling issues, meaning that unless Correct Coding Initiative (CCI) or payer-specific edits bar you from billing the procedure with an E/M code, you should be free to bill an E/M service with the procedure on the date of service.

Commonly-reported eye care procedures with XXX global periods include the following, among others:

- 92225: Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial
- 92071: Fitting of contact lens for treatment of ocular surface disease

Therefore, if you perform an E/M service that prompts the optometrist to decide he should perform ophthalmoscopy, you should be able to report the E/M code with 92225 without any modifiers appended.