

## Part B Insider (Multispecialty) Coding Alert

### AMPUTATION: Global Periods Rule the World of Amputation

#### But here are some ways to receive payment before and after anyway

When you take part of a patient's leg, you may want to leave something else behind.

More and more, surgeons who perform lower-limb amputations for diabetic patients are spending more time on counseling, education and management of prosthetic rehabilitation. Unfortunately, Medicare has a global period for amputations, so the surgeon who goes the extra mile may not receive an extra inch of reimbursement.

If the surgeon is responsible for managing the problem, the decision to amputate has already been made and the patient shows up for counseling, then the surgeon can bill separately for an evaluation and management visit, says **Elisabeth Fulton, CCP, CPC, CCS-P**, with Orthopaedic Specialists of the Carolinas in Winston-Salem, N.C.

But Medicare considers discussion with the patient and/or family members of the nature of the procedure, alternatives, risks, benefits and "other informed-consent issues" to be part of the procedure, Fulton says. And any E/M session the day before or day of surgery will fall into the global period, says **Heidi Stout**, with University Orthopaedic Group in New Brunswick, N.J.

If the surgeon hasn't decided whether to amputate, the first visit with the patient can be a consult if the patient's primary-care doctor has sent the patient, Fulton says.

You can get paid after an amputation if the patient has an unanticipated problem, such as infection, increased neuropathic pain, or phantom limb pain, and it's "bothering him a lot," says **Douglas Jorgensen** with Jorgensen Consulting in Manchester, Maine. You should put modifier -25 (Significant, separately identifiable E/M services by the same physician on the same day of the procedure or other service) on the code to show that it's a separately identifiable service.

Don't wait until the day after the global period ends to have a routine office visit, or it will look fishy to carriers.

You may be able to bill separately for care plan oversight for home healthcare (99374 and 99375), if the patient requires a lot of home care after an amputation. These codes are time-based and require a lot of record-keeping, Jorgensen says. You may want to check with your local carrier before trying to bill for CPO during a global period (see PBI, Vol. 4, No. 16, p. 111).