

## Part B Insider (Multispecialty) Coding Alert

### Clip and Save: These 8 Services Are Not Part Of The Global Surgical Package

#### If your not reporting these services separately, you're losing money

It can be hard to keep track of what you can and can't report based on global surgical package rules. Tack this list up on your wall to ensure you're capturing all the reimbursement your physician is entitled to.

The following things are not included in Medicare's global package:

#### 1. The visit that determines the need for surgical intervention.

Tip: This is the decision for surgery, and if the visit occurs on the day before or day of surgery, append modifier 57 (Decision for surgery) to the E/M code to indicate a major secondary surgical procedure and modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) for a minor secondary procedure.

**2. Unrelated visits for the treatment of a different problem.** You'll need to append modifier 24 (Unrelated evaluation and management service by the same physician during a postoperative period) to show that the service is unrelated to the surgery.

#### 3. Treatment of an underlying condition that is not part of normal recovery.

Example: Treatment of carcinoma of the prostate found on pathologic examination following a TUR of the prostate for suspected benign prostatic hypertrophy.

#### 4. Diagnostic testing.

Example: Laboratory tests such as a urinalysis as well as radiological studies such as renal or bladder sonograms are not included in the global package for either Medicare or private insurances. You may report these studies without a modifier, and they are payable even when the physician performs them in the global period.

#### 5. Other surgeries, including:

- prospectively planned staged procedures (append modifier 58 to the second surgical code);
- more extensive procedures (append modifier 58 to the second code);
- complications with a return to the operating room (append modifier 78 to the second code);
- or other distinct unrelated surgeries (append modifier 79 to the second surgical code).

How you bill and code depends greatly on your payor, so be sure to check individual payor guidelines.

#### 6. Surgical trays, when noted.

#### 7. Immunosuppressive therapy.

#### 8. Critical care services in the global period unrelated to the surgery.



Example: If a patient requires critical care for a serious myocardial infarction (heart attack) following an uncomplicated laparoscopic procedure such as a laparoscopic nephrectomy. Append modifier 24 to the critical care codes, 99291 and 99292, to ensure payment within the global period of a surgical procedure.