

Part B Insider (Multispecialty) Coding Alert

Fracture Care Coding: A Global Code Doesn't Necessarily Mean The World To Medicare

Just because emergency physician bills it, doesn't mean you can't

Sometimes a code is first come, first served. Only one person can bill that code, and whoever gets their first will receive the honors. This holds true for interpretation of routine electrocardiograms (see PBI, Vol. 5) -- but not for global fracture care codes.

When an emergency department physician sees a patient in the ED and bills a global fracture care code, that shouldn't prevent the physician who sees the patient afterwards from billing a global code as well. Ideally, the ED physician should either bill for one visit, plus a casting code, or the global fracture care code with the -54 modifier (surgical care only).

But if the ED doesn't do either of these things, you can still bill the global code yourself. You can't use the -55 modifier (postoperative management only) unless the ED physician billed the -54 modifier first. But in that case, you can bill a whole new global code, say experts.

An ED physician billing the global fracture code "should not happen," says consultant **Annette Grady** with **Eide Bailly** in Bismarck, ND. If it does, "I would definitely want to communicate with that ED this is not the way we do it."

It's possible the carriers will allow both the ED and non-ED physicians to bill global codes, says Alameda, CA podiatrist **Anthony Poggio**. "Since you're not part of that group and you're a separate doctor you can theoretically bill separately." If both physicians were part of the same group, they're locked into the global period together.

"But if you start getting denied then you need to bring it up with the carrier," Poggio adds. Oftentimes, the carrier staff will be "sharp" and catch the double billing. "They may want to go back and get the money back from the ED," adds Poggio. "You're not at fault, it's the ED doctor."

If the emergency room insists on billing global fracture for all patients and it's causing persistent problems, then you should refuse to take on those patients, or "go back to the ED doctor and say, 'You want to do the follow-up care you take the whole 90 days,'" says Poggio.