Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

MODIFIERS: Know Global Period Rules to Avoid a World of Trouble

If you're trying to bill for new services during the global period after a major procedure, it's important to spell out why those services deserve a separate payment.

During the most recent physician open-door forum, one caller complained that when a hip replacement patient came in with a new shoulder injury, the carrier denied this claim because it was still in the hip replacement's global period. The physician's office billed using modifier -24 (Unrelated E/M service by the same physician during a postoperative period) to indicate a new problem, but still met with denials.

This is clearly an error by the carrier, says consultant **Bob Burleigh** with **Brandywine Healthcare Services** in Malvern, Pa. The CPTrubric says only problems related to the original service are covered within the global period. Physicians billing for unrelated services shouldn't even need to use a modifier if it's an anatomically different service, he insists. "I don't think there's any confusion that the hip and the shoulder are different places."

In fact, this biller may have added confusion to the issue by using a modifier where none was required, Burleigh speculates.

Many coders also don't realize that they can bill for evaluation and management separately during a global period, says **Mike Misko, CPC**, with **Cavanaugh Michaels** in Mechanicsburg, Pa. As long as it's for an unrelated issue or you document that you've performed more than the pre-, intra- and post-service checkups after a procedure, you should be able to bill for office visits, Misko says.

For example, you wouldn't bill for a dressing change after surgery, but if a patient had a major allergic reaction to pain management medication that required hospitalization or intervention, that would be billable during the global period, Misko says. You might also be able to bill for a change in the patient's status that requires a different prescription.

The key is to document the amount of decision-making that was involved in the service. If there was a significant risk of morbidity or mortality, and the provider must perform more than the usual amount of decision-making, the service is probably billable. Misko stresses that many of these situations must be evaluated on a case-by-case basis.

"What it requires is an understanding on the part of the provider and the coder, when circumstances become unusual," Misko says.

But if you're billing for a service during a global period and it could be perceived as related to the original service, be prepared to run into carrier denials, Misko warns. "Some carriers just have hard and fast rules" against paying for such things. "That wouldn't stop me from billing it." As long as you accurately represent the service performed, there shouldn't be any compliance issues with billing for it. Make sure your documentation shows that the services rose above the normal level, Misko says.