

Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: Achieve Global Dominance With This Global Period Primer

Confuse 'XXX' with '0' global days and you could be flushing money away.

Ignoring global periods can wreak havoc on your bottom line, leading to denied claims, resubmissions, and appeals. But if you get to know the seven types of global periods Medicare assigns to procedure codes, you can look forward to smoother sailing when billing these claims.

Count Your Days for Major Or Minor

Of the seven different types of global periods Medicare has established, three represent the number of days of postoperative care included in the fee for the initial procedure, as follows:

000 - This period indicates that related preoperative and postoperative care on the day of the procedure are included in the fee for the procedure itself. Any related evaluation and management work done on the same day as a procedure with this global is included.

Example: Under Medicare guidelines, 11000 (Debridement of extensive eczematous or infected skin; up to 10 percent of body surface) has a global period of 0 days. Therefore, any related E/M procedures performed on the same day of service are typically not separately reportable.

010 - This period indicates that Medicare includes 10 days of postoperative care in the payment. Any E/M services you perform on the day of the procedure and during the ten-day global period "are generally not separately reimbursed," Medicare guidelines indicate.

Example: A patient complains of pain in her foot ever since walking on a dock at the beach. The physician examines her foot and finds a splinter in the subcutaneous tissue. You'll report the splinter removal with 28190 (Removal of foreign body, foot; subcutaneous), which carries 10 global days.

Manage 25 With Minor Procedures

Procedures with global periods of 0 or 10 days are generally considered "minor procedures." Because of this designation, Medicare and private payers don't pay separately for the E/Ms performed on the same day and consider a small history, exam, and MDM included in the fee for minor procedure. In order to get paid separately for a separately identifiable and medically necessary E/M service performed on the same day as a minor procedure, you have to ensure that the E/M was documented as separate and significantly identifiable, in which case you can append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service).

Rely On 57 For E/Ms With Major Procedures

090 - Procedures with 90-day global periods have one day of preoperative care and 90 days of postoperative care included in the fee for the initial procedure.

Codes with a 90-day global period are considered major surgeries. If the decision for surgery E/M is performed on the same day, or the day before an unscheduled surgery, you should append modifier 57 (Decision for surgery) to receive separate payment for the E/M work.

Example: A patient presents to the emergency room with severe pain in her right lower quadrant. The surgeon is called, and after a comprehensive history exam and MDM, he determines that it's necessary to bring the patient into operating room for an emergency appendectomy. The appendectomy code (44950) has a 90-day global period so it includes all services provided the day of and day before the procedure. But because this was an unscheduled surgery, the surgeon may append 57, indicating that the E/M was the decision-for-surgery service and therefore separately billable.

Avoid Pigeon-Holing Groups

The remaining four global period categories do not have specific time periods for postoperative care attached to them.

MMM - This period describes a service furnished in uncomplicated maternity cases including antepartum care, vaginal delivery and postpartum care. The usual global surgical concept does not apply to uncomplicated vaginal deliveries. A code that would have MMM attached to it is Code 59400 (Routine obstetric care including antepartum care, vaginal delivery [with or without episiotomy and/or forceps] and post-partum care) is an example of a code that would have MMM attached as its global period.

Under MMM, all of a patient's maternity care services are covered during the global period.

XXX - Codes assigned "XXX" are not subject to the global period concept. Evaluation and management services and other services performed may be reported separately on the same day as this code.

EKGs, allergy tests, and certain other procedures found in the Medicine section of CPT are examples of procedures not subject to the global period concept. In addition, E/M codes carry an "XXX" global period as well.

YYY - This designation means that individual carriers determine the global period. YYY usually applies to unlisted procedures, and the global period a carrier assigns will depend on the type of unlisted service. Example: Unlisted codes 21499 (Unlisted musculoskeletal procedure, head) and 22899 (Unlisted procedure, spine) carry YYY global periods.

ZZZ - This global period designation means the procedure is related to another primary procedure and falls within the global period of the other service. Only the additional intra-service work to perform this service is included in the work RVU. This global period typically applies to add-on codes, including +38746 (Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy [List separately in addition to code for primary procedure]) and +49568 (Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection [List separately in addition to code for primary procedure]).

Medicare lists the global periods in its Fee Schedule, but you should ask private carriers for their global periods in writing, because they may differ from Medicare's coverage.