

## **Part B Insider (Multispecialty) Coding Alert**

### **Reader Questions: Disease Counseling May Qualify You for Post-Op Pay**

Question: We had a breast biopsy patient with a breast cancer diagnosis who had an office visit during the post op period to discuss treatment options (not for surgical follow up). Can I bill for this office visit during the global period, and what diagnosis code should I use to indicate that the service was unrelated to surgery?

Answer: Yes, you can separately bill an office visit for treatment counseling during the post-op period. You should code the underlying diagnosis -- 174.x (Malignant neoplasm of female breast).

The global package does not include treatment directed at the underlying disease process, even for the most conservative payers like Medicare.

The Claims Processing Manual (Internet only manual 100-04) section 40.1B lists "treatment for the underlying condition or an added course of treatment which is not part of normal recovery from surgery" as a service not included in the global surgical package.

Counseling on treatment options and prognosis is not normal recovery from surgery, but is care directed at the underlying disease process.

Check diagnosis: Some payers might want an additional diagnosis to further support the reason for the encounter. For instance, V58.42 (Aftercare following surgery for neoplasm) or V65.8 (Other reasons for seeking consultation) might help establish the separate nature of the encounter. Contact your major payers and see how they want you to report these services so that you can get paid for appropriate additional services during the global period.