

## Oral Surgery Coding & Reimbursement Alert

### Reader Questions: Base Pre-op Evaluation Reporting on Components, Not Time Before Procedure

**Question:** We recently had a patient who came in for a H&P one week prior to the actual surgical procedure. I want to know whether or not this visit can be reported with an appropriate E/M code. Some in our practice are of the opinion that this is a part of the global surgical package and is not separately reportable. Some others are of the opinion that the global period starts just a day prior to the actual surgical procedure. Since this visit happened a week prior to the procedure, this can be reported. Who is right?

Dallas Subscriber

**Answer:** The answer to your query lies in the components of the visit and not on when the visit occurred in relation to the actual surgical procedure. If your surgeon made the decision for surgery during the visit and the in the same visit, performed all the other preoperative services, then you can report the visit with an appropriate E/M code. You will need to append the modifier 57 (Decision for surgery) to let the payer know that the patient was evaluated completely and the visit was a decision making service and not just a pre-operative service.

On the other hand, if your clinician had already made the decision for surgery on one visit and the patient returns on another date for completing the preoperative evaluation, then you cannot report the second visit with another E/M code as this is part of the preoperative services included in the global surgical package.

In your case scenario, since your surgeon only performed the history and physical, this is part of the preoperative service and gets included in the global package and cannot be reported separately. Even though the service occurred a week prior to the actual surgical procedure, still these services get included in the global period and are not a separately reportable visit