Can an E&M Code Be Billed for During a Global Period?

Codingline experts discuss this question.

BY JEFFREY LEHRMAN, DPM

Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

The podiatric community suffered a terrible loss on February 7, 2018 when Harry Goldsmith, DPM passed away after being diagnosed with cancer in 2017. Dr. Goldsmith was the CEO of Codingline, a well-known coding expert, and an advocate for the podiatric profession. More importantly, he was a friend to so many and someone that seemingly the entire profession turned to for advice and guidance. Dr. Goldsmith is survived by his wife, Susan, and sons Brian, Mark, and Jon Goldsmith, DPM, and their families. He will be missed not only by this family but also by his very large podiatry family.

A recent hot topic on the Codingline Forum has been the discussion of whether a "related" Evaluation and Management can be billed for during a global period. Listed below is the question that started this topic and some of the answers from our expert panelists. You will see that many of the panelists agreed but with an interesting twist in the final response listed here.

***Q:** Can we bill an E/M code during the post-op period for an open 1st ray amputation when a debridement is not performed? This high-risk patient is being seen weekly for four months at the wound center and the wound treatment changes periodically.*

Answer #1: A related E/M service performed within the global period would not be reimbursable. Post-op E/M services must be unrelated to the original procedure for reimbursement. In those cases, you would append modifier "24" to indicate that the E/M was for a reason unrelated to the original procedure

Joseph Borreggine, DPM, Charleston, IL

"Post-op E/M services must be unrelated to the original procedure for reimbursement."—Borreggine

Answer #2: The amputation codes carry a 90-day global. That applies to related procedures and E/M services. This will also vary between payers as to what is considered included in the global allowance or not. Your documentation must clearly state that the E/M service is not related, although from your post, it does.

Tony Poggio, DPM, Alameda, CA

Answer #3: The Medicare Internet Only Manual (IOM), Chapter 12, Section 40.1.A, better known as the Medicare Claims Processing Manual, clearly states:

"Complications Following Surgery—All additional medical or surgical services required of the surgeon during the postoperative period of the surgery because of complications which do not require additional trips to the operating room; Postoperative Visits—Follow-up visits during the postoperative period of the surgery that are related to recovery from the surgery;"

Based on the Medicare rules stated above, neither an E/M nor a debridement (if you did not take the patient back to the operating room) could be billed during the 90-day global post-operative period.

Most other insurance companies adhere to these global rules, but be sure to check on-line with the particular company, just to be sure.

Paul Kinberg, DPM, Dallas, TX

Answer #4: At first thought, no, not if in a related 90-day global. However, let's review how an E/M code can be billed if it was unrelated. This would be substantiated by your documentation of the unrelated chief complaint/HPI, examination, diagnosis, and medical decision-making. If and only if unrelated, then the E/M code would receive the modifier "24" when billed.

David J. Freedman, DPM, CPC, Silver Spring, MD

Answer #5: Unfortunately, the answer is no.

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Global Period (from page 59)

The only E/M modifier option during a global period is the "24" modifier (unrelated evaluation and management service by the same physician during a post-operative period). The pathology for which the E/M is being performed must be "unrelated" to the procedure that was performed. Many interpret this to mean a different diagnosis, like wound dehiscence or post-op infection, but that is an incorrect interpretation. It must be unrelated.

In the situation you describe, it sounds like the patient is being seen for a problem that is related to the amputation. Procedures during the global period are a different story as there are three modifier options for those. However, with E/M services during the global, there is only this one option, an unrelated E/M.

One last thought: You said this is going on four months post-op. If the procedure had a 90-day global which was not reset at any point, you were out of the global period once you passed 90 days from surgery.

Jeffrey D. Lehrman, DPM, Springfield, PA

Answer #6: Unfortunately, for an amputation with a 90-day global, all related E/M services are included in the Global Surgical Package, regardless of whether a debridement is done. The only time you may bill for an E/M during the Global Surgical Period is if there is an issue that is *not* related to the initial surgery (see the descriptor for Modifier 24).

Leslie Johnson, CPC, Palm Coast, FL

Answer #7: There may be some that say anything related during a post-op period is included in the reimbursement for the surgery that prompted the global—but I'm going to go into more detail as many certified coders may not know what we'll get into:

There are two different sets of rules regarding global fee periods:

1) Medicare
2) CPT, as written by the AMA

Medicare says "anything related" during the global surgical period is included, unless you're making a return trip to the operating room, in which case you need to use the appropriate modifier.

CPT says "routine" follow-up care is included. AMA has stated that post-operative infection during the global period would qualify as a "new" (i.e., unrelated) problem because the diagnosis for the follow-up visit would be different from that which prompted the original procedure.

"...There are many instances when Medicare has one set of rules and other insurers have a different set."—Self

Private payers who explicitly follow AMA guidelines may allow you to report a separate E/M service with modifier "24" if the physician tends to post-operative complications in the office.

There's a big difference between the two. A non-routine infection may occur, in which case you would not bill a Medicare patient for the visit—but you could possibly bill a commercial insurance patient for the visit with a "24" modifier. There will be some who will say, "24 says 'unrelated' and they're correct—but that is the CLOSEST modifier to describe to the carrier what happened since there is not a modifier that says, "Related but separately billable during a postoperative period."

Again, many coders and managers think that everyone follows Medicare's rules—but there are many instances when Medicare has one set of rules and other insurers have a different set.

Don Self, Don Self & Associates, Whitehouse, TX

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