

58 Modifier 24 Modifier  
78 Modifier 79 Modifier

# Hospital Consult During the Global Period

Make sure that you use the correct modifier.

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**Y**ou performed a transmetatarsal amputation on an inpatient who was discharged the next day. The surgical site was clean and well-perfused and primary closure was performed. Six days after discharge the patient's visiting nurse noticed redness and heat and swelling to the stump site and sent the patient to the hospital Emergency Department without first calling you. The patient was seen by the ED doctor, diagnosed with cellulitis, and admitted under the service of the patient's primary care doctor. The primary care doctor consulted you to evaluate your post-operative patient.

You drive 20 minutes to the hospital, park, and walk for five minutes to get to the patient's room. However, the patient is not in his/her room because s/he is having an x-ray done. You walk down to the x-ray department but the x-ray tech tells you that department rules do not allow for the bandage to be taken down and you have to wait for the patient to get back to his/her room to evaluate the surgical site.

Twenty-five minutes later the patient is back in his/her room and you

are finally able to examine the surgical site. You find that the closure site is dehisced open and cellulitic. You do not think the patient needs surgery or any type of procedure but do think the patient needs an intravenous antibiotic in the hospital. You spend fifteen minutes with the patient, ten minutes reviewing labs and

*health care professional during a post-operative period—90-day global*

The only evaluation and management (E/M) modifier option during a global period is the 24 modifier, described above. It does not say different diagnosis. It does not say anything about time or hassle. It does

**The only evaluation and management (E/M) modifier option during a global period is the 24 modifier.**

the x-ray images and writing a note. You walk five minutes back to your car and drive another twenty minutes back to your office.

With even a conservative estimate, this all took you about 95 minutes. If you ran into a colleague who wanted to chat as you were walking through the hallways of the hospital, add another 5-10 minutes. Can you bill for this visit?

*24 Modifier—Unrelated evaluation and management service by the same physician or other qualified*

not say anything about place of service or having to travel to the hospital. It says, "unrelated". To use the 24 modifier, the pathology for which the E/M is performed must be "unrelated" to the procedure that was performed for which the patient is in the global period.

Some may interpret this to mean a different diagnosis, like wound dehiscence or the evaluation and management of an unexpected complication, like a post-op infection, but those would be incorrect interpre-

*Continued on page 62*

Hospital Consult (from page 61)

tations. The problem for which the E/M is performed must be unrelated. The scenario that was described above entailed significant time and doctor's effort and even risk. However, ultimately, this was an evaluation of a pathology that was related to the procedure for which the patient was in a global period. The TMA dehiscence was related to the TMA. The same can be said for cellulitis, post-op infection, stitch abscess, and a host of other related potential complications. Therefore, unfortunately, the above-described hospital visit would fall under the global period associated with the amputation.

Furthermore, if you had to return to the hospital on subsequent days of this admission and continue to follow this patient for the same pathology, all of those visits would fall under the global as well. The 24 modifier and its interpretation described above

**TABLE I:**

## Procedural Modifiers During the Post-operative Global Period

**58 modifier**—Staged or Related Procedure or Service by the Same Physician During the Post-operative Period

**78 modifier**—Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure During the Post-operative Period

**79 modifier**—Unrelated Procedure or Service by the Same Physician During the Postoperative Period

drainage was not staged or planned. Furthermore, it is not more extensive than the original procedure. The 79 modifier would not be appropriate because that requires the procedure to be unrelated to the procedure for

dering services for a patient who is in a post-operative global period for a procedure you did not perform. The answer depends on if the surgeon who did perform the procedure is in your group. If the surgeon is in your group, the above guidelines apply exactly as if it were you who performed the procedure. If the surgeon is not in your group, there are other modifiers and coordination with the surgeon that would need to be considered that may allow for different guidance than was described above.

Knowledge of the above-mentioned modifiers is essential when caring for patients with a post-operative complication. This information can help you to manage risk and not only avoid billing inappropriately, but also to not miss billing appropriately. **PM**

**Resources**

CPT 2018 Professional Edition—AMA  
APMA Coding Resource Center  
<http://www.apmacodingrc.org/home.asp>



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**Unlike the 58 modifier and the 79 modifier,  
the use of the 78 modifier requires a return to the  
operating or procedure room.**

are the same, regardless of place of service. The same would apply if this patient were evaluated for a related post-operative complication in the office, home, nursing facility, or anywhere else.

While the 24 modifier is the only evaluation and management modifier available during the post-operative global period, multiple post-operative procedure modifiers exist. (See Table 1) If this patient required a procedure to address this post-operative complication, it may be appropriate to bill for that procedure. This would depend largely on where this procedure took place.

It is possible that this patient could require an incision and drainage procedure. If that were to be done, let us consider the procedural modifier options listed in Table 1. The 58 modifier would not be appropriate because this incision and

which the patient is in the global period, and similar to the 24 modifier, an incision and drainage of the TMA site would certainly be related to the TMA. The 78 modifier may be appropriate because this incision and drainage is *unplanned and related*. However, notice that unlike the 58 modifier and the 79 modifier, the use of the 78 modifier requires a return to the operating or procedure room. That is why the location of this incision drainage must be considered. If this were done bedside in the patient's hospital room, 78 modifier would not be appropriate. If this were done in the office or wound center, 78 modifier would not be appropriate. 78 modifier would only be appropriate for this incision and drainage if it were done in an operating or procedure room.

A common question is if the above guidance applies when ren-