

So You Want No More Global Periods on Your Codes?

Be careful what you wish for.

BY MICHAEL J. KING, DPM

A frequently asked question is “when will the global periods go away?” A couple of years ago, CMS was considering doing away with global periods for procedures, at least surgical ones. Many were elated, thinking that now the onus of counting days on the calendar was over. Well, CMS ultimately didn’t go down that road entirely as the pushback from those in the know on coding rejected this plan, so be careful what you wish for.

Global periods were enacted as the RUC, a resource-based relative value scale (RBRVS) came about. Typically, 90-day global periods go along with “major” procedures, 10-day global periods with “minor” procedures; and of course, some like many wound care procedures have 0-day global periods.

The conundrum for providers is twofold: 1. Knowing what the global period is for each procedure and, 2. Not realizing they are actually getting paid for a prescribed number of post-operative visits within each payment having a global period attached. So, what is better, having global periods and the prescribed payment within or no global periods and potentially getting paid separately for the follow-up care?

There are a couple of schools of thought here. First, having the

global periods means the provider is getting the fee set by the RUC and CMS (and private payers) for the service and they may only bill for those services outside of the global; think x-rays, casts, and the like. The value currently set by the RUC is somewhat known or familiar and the doctor can plan around that accordingly. Second is the remov-

patient over both the visit payment and the co-payment now. Patients have gotten used to the global periods and have the notion that all the post-operative care is included, and co-payments are avoided. When the global is removed, the payment is reduced, the explanation battle begins, and it not evident who really benefits in the end.

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al of the global period. If such is done, as with the recent removal of the global for CPT 28820 and CPT 28825, the surgeon feels s/he now has carte blanche to bill for suture removal, visits, etc. This is not entirely true, and the fee is greatly reduced for the surgery. Those ingrained post-operative visits are removed from the surgical fee, thus reducing the payment by roughly 30-50%!

Suture removal is an inherent part of the procedure and that is still included in the original fee! Yes, one can bill for other post-op visits and that can be helpful; but with the increase in co-payments, it is likely the provider will have to battle with the

The removal of the global periods for CPT 28820 and CPT 28825 this past year appears to be a pilot program for seeing just how this might work. These days, when a code goes back to the RUC for review or revaluing, it almost always goes down in value. Which approach makes you more comfortable? **PM**



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