

COFFEE & CODING

Monday, August 21, 2023

Billing for E/M Services During the Global Period

We frequently receive questions about "Global Periods" for surgical procedures. People often ask, "What are the time limits for these periods?" and "To which types of procedures do these post-op periods apply?" Both questions are equally significant.

Global periods come in three variations. The primary (but not only) difference between them involves the number of post-operative days.

1. Zero-Day Post-Operative Period

This period applies to simple procedures for which there is no pre-operative or post-operative period. The following examples provide a sense of this category, although it's not an all-inclusive list: joint injections; therapeutic injections; most cardiology procedures (including left heart catheterization, PTCA, and stents); certain nasal procedures (cautery); endoscopies; and colonoscopies. In this category, a visit on the day of the procedure generally is NOT payable as a separate service.

2. 10-Day Post-Operative Period

This period applies to minor or minimally invasive surgeries where the risk of infection is significantly lower compared to major surgeries. Some examples (again, not an all-inclusive list) include cataract surgeries, dental restorations, circumcisions, breast biopsies, arthroscopies, laparoscopies, and burn excision and debridement procedures. Similar to the Zero-Day category, there is no pre-operative period, and a visit on the day of the procedure usually is NOT payable as a separate service.

A side note: The name of this category can be somewhat misleading because the total global period for these procedures is 11 days. You should count the day of the surgery and then the 10 days following the procedure.

3. 90-Day Post-Operative Period

This category pertains to major surgeries. The total global period for these procedures is 92 days; it encompasses the day before the surgery, the day of the procedure, and the subsequent 90 days. As with the other categories, a visit on the day of the surgery is generally not payable as a separate service.

So, what qualifies as a major surgery? Here are a few examples: knee and hip replacements; cardiovascular surgeries; organ transplants; repairs of meniscus tears; and carpal tunnel surgeries.

Generally, a major procedure is any surgery in which the patient requires general anesthesia and respiratory assistance. Any penetration of the body cavity is regarded as major surgery, as are extensive orthopedic surgeries on the extremities. Furthermore, major surgery usually entails some level of risk to the patient's life and/or the potential for severe disability if complications arise during the procedure. Neurosurgeries generally fall into the major category due to the risks involved for the patient, even though patients might not necessarily be under general anesthesia during brain procedures.

Here are a couple of additions to last week's edition of Coffee & Coding on Complexity of Data categories:

- **Independent interpretation of tests.** Per an August 1 update from the AMA: If physicians both order and read the X-ray, MRI, or CT, they receive credit only for the order. "A test that is ordered and independently interpreted may count both as a test ordered and interpreted." In such a case, however, if your facility bills for that specific testing, the order and interpretation cannot both be counted; under Medical Decision-Making (MDM) guidelines, that is considered double-dipping. www.ama-assn.org/system/files/2023-cpt-corrections-errata.pdf
- **Discussion of patient management or test interpretation.** We mentioned some examples of communication between the patient's primary care physician and external physicians in areas such as the ER, orthopedics, or mental health. We should also mention some other examples of discussions involving "other qualified healthcare professionals" who can qualify under this category but might not be thought of as involved in healthcare; these include attorneys, parole officers, case managers, and teachers. Discussions with family or informal caregivers do not qualify here. For the purpose of documents reviewed, you can count documents from an appropriate source.

And an amendment to our August 7 edition of Coffee & Coding on Level 5 Drug Therapy Requiring Intensive Monitoring for Toxicity:

- We mentioned that short-term drug therapy does not qualify for intensive toxicity monitoring since it provides no advantage to such monitoring. To provide some clarity for that point, per Palmetto GBA: When it comes to chronic disorders such as anti-hypertensive therapy, serial drug monitoring is not medically necessary because the patient can be assessed via noninvasive methods such as blood pressure monitoring.

**Got a question about E/M coding? We'd love to hear from you.
Submit your questions by emailing us at coders@calmwatersai.com!**



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