

Part B Insider (Multispecialty) Coding Alert

Revenue Booster: Get a Grip on Global Periods

Know the seven global periods to ensure your claims are CMS-compliant.

Seven—that's the number of global periods Medicare assigns to procedure codes. If you don't follow the guidelines and acknowledge the differences when coding and billing, your claims will likely suffer.

To avoid denials, resubmissions, and appeals, take a look at our quick inventory of the CMS seven global periods.

Know These 3 Global Surgery Packages for Post-Op Care

Of the seven different types of global periods defined by Medicare, three concern the number of days of postoperative care. It is wise to note that these particular three global periods were mentioned in Medicare's proposed 2017 Fee Schedule on July 7, 2016 and may be under review.

000—in and out. This zero-day period is used for preoperative and postoperative care included on the same day as the procedure. If E/M services are performed on the same day under this global period, they are bundled into the service unless you can prove that they're separately identifiable and medically necessary.

Example: Your gastroenterologist performs a significant and separately identifiable E/M service on the same day as 43246 (Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube). Don't forget to append modifier 25 to your E/M code for this 000-day global day procedure.

010 equals less complicated. The ten-day global period is actually an 11-day global period, which includes the day of the surgery and the ten days following. There is no preoperative period and the "visit on day of the procedure is generally not payable as a separate service," the MLN global surgery fact sheet says.

Example: A patient complains of pain in her foot ever since walking on a dock at the beach. The physician examines her foot and finds a splinter in the subcutaneous tissue. You'll report the splinter removal with 28190 (Removal of foreign body, foot; subcutaneous), which carries 10 global days.

Look at 090 for major procedures. Ninety global days is usually a more complicated procedure and actually covers 92 days total—the day before the procedure, the day of the procedure, and the 90 days following the procedure, suggests **Tamara Canipe RN**, clinical quality management coordinator for Palmetto GBA CBR.

Example: A urologist sees a patient in the hospital for a consultation and decides he needs to perform a TURP, 52601 (Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included]), which carries a 90-day global period. If the TURP is performed that same day or the following day, you would modify the hospital visit E/M with modifier 57 to ensure payment of the E/M service on the same day.

Don't Forget About These Four Other Global Periods

Some codes don't fall under the top three global periods for postoperative care, but you should be aware of them and how to use them.

Know MMM for maternity coding. MMM-days don't usually have a global period and focus on maternity matters. According to CPT® guidelines, the services normally provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care. Therefore, essentially, all services related to an uncomplicated birth are bundled into the surgical package for the delivery services. The codes that fall under the MMM global period are the delivery codes in the 59400-59430 and 59610-59622 ranges.

Example. If you must perform a cesarean delivery after attempting a vaginal one on a patient, you'd code CPT® code 59620 (Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery), which carries an MMM global period.

Does not apply. The global period concept does not apply to codes that fall under XXX. In other words, these services and procedures include only the service or procedure itself, and any minor built-in E/M service.

Example: All A-codes (A0021-A9999) have an XXX global period designation. So, if you were to bill code A9999 (Miscellaneous DME supply or accessory, not otherwise specified), it would be under the XXX global period. EKGs, allergy tests, and certain other procedures found in the Medicine section of CPT® are examples of procedures not subject to the global period concept as well.

MAC approved. The YYY global period is determined by the Medicare carrier and often centers on unlisted procedures. What that means to you is that the MAC will assign a global period to the service depending on the type of unlisted procedure.

Example. If you have to perform an excision of a pressure ulcer, but cannot find the proper code, you might use CPT® code 15999 (Unlisted procedure, excision pressure ulcer). Because this is an unlisted code, YYY is the global period, and the MAC determines the outcome. It is very important with this type of code and global period to include detailed notes, so that the MAC's determination runs more smoothly, and you get paid. Eventually, the MAC will assign a 000-, 010-, or 090-day global period to the claim, says the MLN global surgery fact sheet.

Watch for modifier 26. The ZZZ global period can be confusing to understand. In a nutshell, ZZZ is related to another primary procedure and falls under its global period. ZZZ often accompanies add-on codes for the primary care or service.

For this particular global period, it is recommended that you take a look at the most recent fee-for service schedule provided by CMS as well as refreshing your knowledge of modifier 26 (Professional Component), and the codes it is usually attached to, suggests the MLN global surgery fact sheet.

Resource: For a quick link to the MLN global surgery fact sheet, visit, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GlobalSurgery-1CN907166.pdf>.