

Billing for E/M services during the global period

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Surgeons know that *most* services provided during the global period are not separately reportable (that is, payable) but, rather, are included in the global surgical payment for the surgical procedure performed. However, some services performed during the global period may be separately reported and paid. This article addresses evaluation and management (E/M) services that may be paid during the global period. E/M services that are eligible for payment during the global period include any services that meet the criteria for use with modifier -24, -25, or -57.

Modifier -24 is appended to an E/M service during the global period to indicate that the E/M service was unrelated to the surgery. It is for an unrelated E/M service provided by the same physician during a post-operative period. For example, a surgeon performs a hernia operation that has a 90-day global period on June 15. On July 29, the patient calls the office, concerned about a breast lump. The office visit for that service is correctly reported as an established patient visit with modifier -24, and a diagnosis of breast lump, clearly unrelated to the hernia operation. Modifier -24 is used when the original procedure had a 10- or 90-day global period. There would be no reason to use it for an E/M service after a procedure with 0 global days, because no follow-up is included in the payment for those procedures.

Modifier -25 is appended to an E/M service on the same day as a surgical procedure, with 0 or 10 global days to indicate that on the day of the procedure, a separate, significant E/M service was also performed. The Centers for Medicare & Medicaid Services (CMS) manual and the National Correct Coding Initiative

(NCCI) both state that payment for deciding to perform a procedure is included in the payment for the procedure.*† An E/M service is only paid in addition to a procedure if significant, extra work was medically necessary, performed, and documented. For example, a patient who presents with skin tags or actinic keratoses for destruction would not require a separate E/M service. A patient who presented in a follow-up for a planned procedure, such as a biopsy or excision, would not require a separate E/M service. It would be appropriate to bill an E/M service for a patient who is seen in the hospital for a question of gastrointestinal bleeding with anemia. It would be necessary to evaluate the patient's condition before deciding to do an endoscopic procedure. The same diagnosis is permitted.

Append modifier -57 to an E/M service to indicate that a major surgical procedure is planned for that day or the next day, and that it was during this visit that the surgeon decided to operate. For this purpose, a major operation is defined as one with a 90-day global period. The payment for a major surgical procedure includes reimbursement for all of the E/M services provided, beginning the day before the procedure, unless the visit was the one at which the surgeon decided to perform the surgery, and the patient is taken to surgery that day or the next. Do not use it if the surgery is scheduled for a later date. The E/M service may be an admission or consult, an office visit, or whatever category of code accurately describes the service.

These three modifiers—modifier -24, -25, and -57—bypass the payors' claims editing systems and allow physician payment for services during the global period. It is important to understand the circumstances in which to use them from both a financial and a compliance perspective. 

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*U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. *Medicare Claims Processing Manual* (100-04). Chapter 12, Section 40.2.4. Available at: <http://www.cms.hhs.gov/manuals/iom/list.asp>. Accessed May 1, 2010.

†U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. Overview: National Correct Coding Initiative. *NCCI Policy Manual for Medicare Services*, Version 15.3, effective October 1, 2009. Available at: http://www.cms.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage. Accessed May 1, 2010.