

# Socioeconomic tips of the month

## Advice from an ACS coding course instructor

by Mary LeGrand, RN, Chicago, IL

This month's column responds to some of the questions commonly raised during the coding workshops the past year.

**Q.** What factors do I need to consider to accurately report a procedure or code combination?

**A.** It is important to ask yourself several questions when coding a surgical case. Let's look at a few and why they are important:

- *How many surgeons were involved, and what were their roles?* It is important to know if the surgeon operated alone or with a cosurgeon or an assistant surgeon. Dictate the name and role of each physician who participated in the case. Cosurgeons are responsible for dictating their own operative notes, while assistant surgeons do not dictate operative notes.

- *Are any of the procedures distinct and separate?* Sometimes it is possible to report procedures in combination with other procedures if the physician performed them during different sessions, through a separate incision, or at a different site. Append modifier -59, *Distinct procedural service*, to report services that are not normally reported together, but are appropriate under the circumstances.

- *Is the patient in a global period for this surgeon or another surgeon in the same practice?* This tells us whether the physician needs a modifier for proper reimbursement of services that may be appropriately reported during the global period of another procedure.

- *Is the physician planning future surgery during the global period?* Here the physician is "think-

### Around the corner

#### October

- 2004 ICD-9-CM code changes effective October 1. The 90-day implementation period during which Medicare will allow claims to be submitted with the 2003 and the 2003 ICD-9-CM code versions begins.
- Quarterly update to 2003 Medicare fee schedule effective October 1.
- Quarterly update to 2003 Correct Coding Edits effective October 1.
- ACS-sponsored basic (SC 10) and advanced (SC 13) coding and practice management (PG 28) courses for surgeons during ACS Clinical Congress in San Francisco, CA. To register for these courses, go to <http://www.facs.org/clincon2003/index.html>.

ing like a chess player." If the physician plans to return the patient to the operating room for additional procedures during the global period, the physician indicates this intention in the indications for surgery paragraph in the first operative note. This affects modifier use on subsequent procedures during the global period.

**Q.** If an evaluation and management (E/M) service is reported with a surgical procedure, should we document a separate E/M and surgical procedure?

**A.** It is appropriate to report an E/M service if it is a significant, separate service rendered on the same day as a minor procedure, or the decision for surgery was made on the same day or day before a major procedure. Append modifier -25, *Significant, separately identifiable evaluation and management service by the same physician on the day of a procedure*,

All specific references to CPT terminology and phraseology are: CPT only 2002 © American Medical Association. All rights reserved.

---

to the E/M performed on the same day as a minor procedure, when the E/M is a significant separate service. Append modifier -57, *Decision for surgery*, to the E/M when the E/M is appropriately reported the same day of or the day before a major procedure.

**Q.** **An orthopaedic spine surgeon asked my surgeon to do the retroperitoneal access for an anterior lumbar interbody fusion. Do I report this procedure as cosurgery (using the same codes as the orthopaedic surgeon), or should I report CPT code 49010, *Exploration, retroperitoneal areas with or without biopsy(s)*?**

**A.** The correct way to report this is as a cosurgery. The orthopaedic surgeon and your general surgeon will both report the primary procedure as cosurgery, using the exact same CPT code with modifier -62, *Two surgeons*. The approach to the spinal procedure is included in the definitive procedure, thus each surgeon is performing distinct separate procedures. If the physician performs additional level fusions and the two surgeons continue to function as cosurgeons, they may also report the appropriate add-on procedures using the cosurgeon modifier.

**Q.** **A patient presented to our office at the request of his primary care physician for evaluation of rectal pain and bleeding. I evaluated the patient and determined that the patient had a rectal abscess, which I drained at that time. May I report a consult service and the incision and drainage of the rectal abscess?**

**A.** Both services may be reported. CPT code 46050, *Incision and drainage, perianal abscess, superficial*, has a 10-day global period. Append modifier -25, *Significant, separately identifiable evaluation and management service by the same physician on the day of a procedure*, to the consultation code. This E/M is a significant separate service, as it resulted in the decision to perform the surgical incision and drainage.

**Q.** **Our surgeon performed a colon resection with colostomy and plans to do a takedown of the colostomy in six to eight weeks. Is the takedown included in the primary procedure?**

**A.** This situation offers an excellent example of a staged procedure. The physician indicates in the first operative note his plan for the staged procedure. His second operative note begins, "patient underwent colon resection with colostomy and as previously planned, patient returns to the operating room for takedown of colostomy or other procedure." Append modifier -58, *Staged or related procedure or service by the same physician during the postoperative period*, to the second procedure to indicate that it was planned prospectively, or staged. The global period will restart, and you would expect 100 percent reimbursement for the second or staged procedure.

**Q.** **A patient underwent rubber band ligation of hemorrhoids three weeks ago. He came in today for a problem unrelated to the hemorrhoids. Do I need to use modifier -24 on the E/M service?**

**A.** Rubber band ligation of hemorrhoids has a 10-day global period. Because the patient is being treated three weeks after the surgery, he or she is no longer in the global period. The physician should report the appropriate E/M code without appending modifier -24, *Unrelated evaluation and management service by the same physician during a postoperative period*. □

---

This column responds to questions from the Fellows and their staffs and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site. If you would like to see specific topics addressed in future columns, please contact the Division of Advocacy and Health Policy by fax at 202/337-4271, or e-mail [HealthPolicyAdvocacy@facs.org](mailto:HealthPolicyAdvocacy@facs.org)

---

**Ms. LeGrand** is a consultant with *KarenZupko & Associates, Inc.*, a physician practice management consulting firm in Chicago, IL. You may contact her at 312/642-5616 or via [karenzupko@aol.com](mailto:karenzupko@aol.com).