The Global Surgery Package
Part II

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Introduction

Surgical coding is a detailed and difficult task and optimizing reimbursement depends upon a sound clinical knowledge of the basis for the procedure codes as well as meticulous attention to details. For Medicare, reimbursement in the global period depends on proper use of modifiers.

Selecting a CPT Code

The CPT instructions were modified in 2002 to read as follows:

Select the name of the procedure or service that accurately identifies the service performed. **Do not select a CPT code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.** *In surgery, it may be an operation; in medicine, a diagnostic or therapeutic procedure; in radiology, a radiograph.*

Application of Modifiers

In order to be paid for a surgical procedure that is performed within the global period of another surgical procedure a modifier that describes the relationship of the second surgical procedure to the first surgery must be appended.

The modifier is appended to the second surgical procedure, that is to say the surgery that is performed in the global period of the first operation (do not confuse this with multiple surgical procedures).

The most important modifiers (See Table 1) in this respect are modifiers –58, -78, -79.

Modifier –58. Use of this modifier generates payment at 100 percent of the allowable by Medicare. Examples of its use for staged procedures would be CPT procedure code *67975 Reconstruction of eyelid, full thickness by transfer of tarsoconjuctival flap from opposing eyelid; second stage*. This procedure code is to be used when billing for severing of a reconstructed eyelid after a tarsoconjunctival flap

(Hughes procedure) or full-thickness reconstruction flap (Cutler-Beard procedure).

Another example would be CPT procedure code *67121 Removal of implanted material, posterior segment, intraocular* when used for removal of silicone oil after retinal detachment repair. Procedures such as retinal laser or glaucoma laser surgery are considered as being performed in predetermined sessions and are not staged. The fee is a global one and each session cannot be billed separately.

Pertaining to the second usage of modifier -58, examples of a diagnostic procedure to a therapeutic procedure would include a vitreous tap followed by a vitrectomy or a biopsy followed by a definitive excision/reconstruction.

The last application of modifier –58 is for when a greater procedure is performed after a lesser procedure within the global period. Examples of this application include billing a trabeculectomy in the global period following a trabeculoplasty or repair of a retinal detachment by vitrectomy after a scleral buckle was performed. Modifier -79 previously was used for this but no longer is.

After using modifier -58 a new global period commences.

Modifier -78. Use of this modifier generates payment at 70 per cent of the allowable for ophthalmic procedures. This modifier is known as the "related" modifier. The -78 modifier is used for procedures that are performed when treating a problem or complication pertaining to the original procedure. Its use requires that the patient be returned to the operating room for treatment - which is defined by Medicare as the operating room of a hospital, ASC, a laser suite or an endoscopy suite. It does not include a minor treatment room. The laser suite should be a separate defined area not used for any other purpose (such as a patient examination room).

Because of this definition such procedures as needling of the bleb after trabeculectomy are included in the postoperative management and cannot be billed separately unless the procedure is performed in an operating room.

Caution is warranted because what Medicare considers a complication may not be a physician's definition. Retinal detachment repair following cataract surgery is considered an unrelated procedure by Medicare and, thus, repair in the global period by the same surgeon

would take a -79 modifier. Evacuation of a hyphema following cataract surgery, needling of a bleb following trabeculectomy, and hematoma evacuation after blepharoplasty are all examples of procedures that should be coded using modifier −78.

After using modifier -78 a new global period does not commence.

Modifier −79. Use of this modifier generates payment at 100 percent of the allowable. Modifier -79 has multiple uses; however, its principal use is for surgical procedures performed in the global period for operations unrelated to the original procedure. Its use does not mandate a return to the operating room, nor is it limited to surgical procedures. Procedures are paid at 100 percent of the allowable. An example would be appending it to the code for panretinal photocoagulation of the fellow eye if in the global period of the first eye.

Another use is, albeit unpublished, for two surgeons of different subspecialties when performing distinct surgeries at the same session. An example of this is the first surgeon performing pars plana vitrectomy with removal of a dropped nucleus and the second surgeon performing insertion of an intraocular lens.

After using modifier -79 a new global period commences.

Conclusion

There is a lot of detailed knowledge that is required to properly code surgical procedures and optimize reimbursement. For those of you attending the ASCRS/ASOA meeting I teach "Advanced Surgical Coding" in the ASOA program and both physicians and billing/administrative personnel are welcome to attend.

KEY SURGICAL CODING MODIFIERS
Table I

-58 STAGED OR RELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD: The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding the modifier '-58' to the staged or related procedure. **Note:**   This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier '-78'.

-78 RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE PERIOD: The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure. (For repeat procedures on the same day, see '-76'.)

-79 UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD: The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79'.
(For repeat procedures on the same day, see '-76'.)