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By Nina Youngstrom

A surgeon performs a biopsy on a patient's mass and unfortunately determines it's malignant. When the patient returns to the surgeon to discuss treatment options for the cancer, the evaluation and management (E/M) visit is separately billable to Medicare with modifier 24 even though the patient is still in the global surgery period.

Although it seems counterintuitive to bill separately for E/M services provided during the post-op period, Medicare excludes treatment for the underlying condition that's not part of the patient's normal recovery from surgery, said Amanda Buonocore, coding and reimbursement senior manager at Northwell Health Physician Partners in New York.

Modifier 24 and other modifiers are available to allow separate billing for services provided during the global surgery period, but they can be a compliance minefield. "The global period is very messy," she noted. Compliance with modifier 24 is also complicated by the fact that Medicare's application is at odds with the American Medical Association's CPT code book.

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