

Revenue Cycle Strategist



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Coding Q&A

By Jennifer Swindle, RHIT, CCS-P

Q: We recently had a claim rejected for a patient who returned to surgery to address an infection two weeks after gall-bladder surgery on the grounds that the second operation was within the 90-day global period for the initial surgery. In what cases may a second surgery within the 90-day period be billed, and how should it be coded?

A: There are three circumstances under which a second surgery within the global period may be billed. Each should be reported with a specific

modifier to ensure that the procedure is not included in an ongoing global period.

Treatment of postoperative complications requiring an unplanned return to the operating room is one, and it may apply in your case. Such a procedure should be billed with modifier 78 to indicate it is unplanned but related to the initial surgery.

In cases where a more extensive procedure is undertaken because an initial less extensive procedure was not successful, the second

surgery may be billed. It should be reported with modifier 58 to indicate it is a staged or related procedure.

A surgery unrelated to the initial surgery may also be billed within the global period of the first surgery. Modifier 79 should be reported with the second surgery to indicate that it is unrelated to the first procedure.

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Send your coding questions to Carole Bolster at cbolster@hfma.org.

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