Baptist Health Medical Group
BAPTIST HEALTH SOUTH FLORIDA

The Physician Edition

BHMG Physician Practice E&M Coding Education Team

July, 2021

Post-Op Versus E&M Visits, What is the Difference?

Post-op visits are supported under the Global Surgery package and incorporate 10 or 90 days of care related to the original surgical procedure. The responsibility for post-op care falls primarily to the person who is reimbursed for the surgery, usually the surgeon.

The key factor for postop visits is the **related services to the recovery** from the initial procedure, whereas office or inpatient visits in which attention to **diagnoses or medical conditions that are unrelated to the surgery** are payable thru an E&M visit.

Example:

If you do have an unrelated diagnosis (not complication) for a visit within the global period (e.g. acute appendicitis during the global for a thyroidectomy), then you would bill the E&M visit with a modifier 24 *(see page 2 for modifier information).*

Miscellaneous services, such as dressing changes, local incision care, removal of operative pack, removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes are included within the post-op period.

Global surgery applies in any setting, including an inpatient hospital, outpatient hospital, Ambulatory Surgical Center (ASC), and physician's office. When a surgeon visits a patient in an intensive care or critical care unit, Medicare includes these visits in the global surgical package as well.

E&M Coding Education Questions?
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Post-op Care Documentation Responsibilities

According to the American College of Surgeons' Documentation of Services, post-op visits do not need to be documented the same way other E/M visits are documented. CPT 99024 (Post-Op Visit) does not have the same key-component documentation requirements as standard evaluation and management services (History, Exam, MDM and/or Time).

Documentation should describe the patient's recovery from the surgical procedure and continued treatment plan. This documentation includes:

- Describe the medical necessity for the visit;
- The status of the patient's recovery from the procedure;
- Counseling provided;
- Diagnostic tests ordered;
- Referrals or consultations recommended;
- Nature of the patient's original and underlying problems; and
- The severity of the original symptoms.

Trays and Supplies for Surgical Procedures Performed in the Office Setting

Payment for surgical trays and other office/ medical supplies is included in the reimbursement for each medical or surgical procedure code. Surgical trays, surgical supplies, and office medical supplies should not be reported separately, and are not eligible for separate reimbursement. Payment for these items is included in the allowance for the associated surgical procedure codes.

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What is NOT included within the Post-op Period?

- ✓ Initial consultation of the problem by the surgeon to determine the need for major surgery.
- ✓ **Visits unrelated to the diagnosis for which the surgical procedure is performed, *unless the visits occur due to complications of the surgery.***
  - **This could be supported as a separate E&M visit.**
- ✓ Treatment for the underlying condition or an added course of treatment which is not part of normal recovery from surgery.
  - **This could be supported as a separate E&M visit.**
- ✓ Clearly distinct surgical procedures that occur during the post-operative period which are not re-operations or treatment for complications.
- ✓ Treatment for post-operative complications requiring a return trip to the Operating Room.

Key RELATED Services under Post- Op:

1. **Complications Following Surgery** - All additional medical/surgical services required of the surgeon during the postop period of the surgery because of complications which do not require additional trips to the OR.
2. **Postsurgical Pain Management** - By the surgeon

Codes for Post-Op Visits

99024 - Postoperative follow-up visit, normally included in the surgical package, to indicate that an E&M service was performed during a postop period for a reason(s) related to the original procedure.

• Applies to surgeries with 90 and 10 day global periods.

• Surgeons who do not provide the required postoperative visits must bill the original surgery CPT code with modifier 54 - surgical care only.

- The physician who takes responsibility for the post-op visits would bill the same original surgery CPT code with

Modifier for Post-Op Visits vs. E&M Visits

24: Unrelated E&M Service by the same MD during Post-op Period.

Use modifier 24 with the appropriate level of E&M service in the following instances:

- an unrelated E&M service is performed beginning the day after the procedure, by the same physician, during the 10- or 90-day postoperative period;
- documentation indicates the service was exclusively for treatment of the underlying condition and not for postoperative care;
- the same physician is managing immunosuppressant therapy during the postoperative period of a transplant;
- the same physician is managing chemotherapy during the postoperative period of a procedure;
- unrelated critical care is performed by the same physician during the postoperative period; and
- the same diagnosis as the original procedure could be used for the new E&M service if the problem occurs at a different anatomical site.

Do not use modifier 24 under the following conditions:

- the E&M service is for a surgical complication or infection (included in the surgery package);
- the service is for removal of sutures or other wound treatment (included in the surgery package);
- the surgeon admits a patient to a skilled nursing facility for a condition related to the surgery;
- the medical record documentation clearly indicates the E&M service is related to the surgery;
- the service occurs outside of the post-op period for the procedure;
- services are rendered on the same day as the procedure; and
- reporting exams are performed for routine postoperative care.