Global Surgery: Required Data Reporting for Post-Operative Care Call

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Agenda

- How global service reporting is changing

- What procedures require reporting

- Who is required to report

- When new requirements take effect

- Frequently asked questions

- Question and answer session

How is global service reporting changing?

- Selected practitioners required to report on post-operative visits furnished during a global period
  - Using current procedural terminology (CPT) code 99024
  - For visits following 293 specified procedures
  - For procedures furnished on or after July 1, 2017

What is a post-operative visit?

- Follow-up services performed during the post-operative period for reasons related to the original procedure

- Visits that are covered by the global period are to be reported

- Visits can occur in all sites of care including, but not limited to, ICU, outpatient clinic, or skilled nursing facility
  - Relevant telehealth visits should also be reported if the patient is located at an eligible originating site

Which services?

- Post-operative visits following selected procedures (see list of 293 codes for CY 2017)
  - Procedures were selected based on 2014 data
    - Furnished by more than 100 practitioners AND
    - Performed 10,000 times or have allowed charges exceeding $10 million
  - Changes in CPT coding have been accounted for
  - Procedure codes subject to reporting will be updated yearly and published prior to beginning of reporting year

- NOTE: Reporting is not required for <u>pre</u>-operative visits within the global period or for services not related to a patient visit
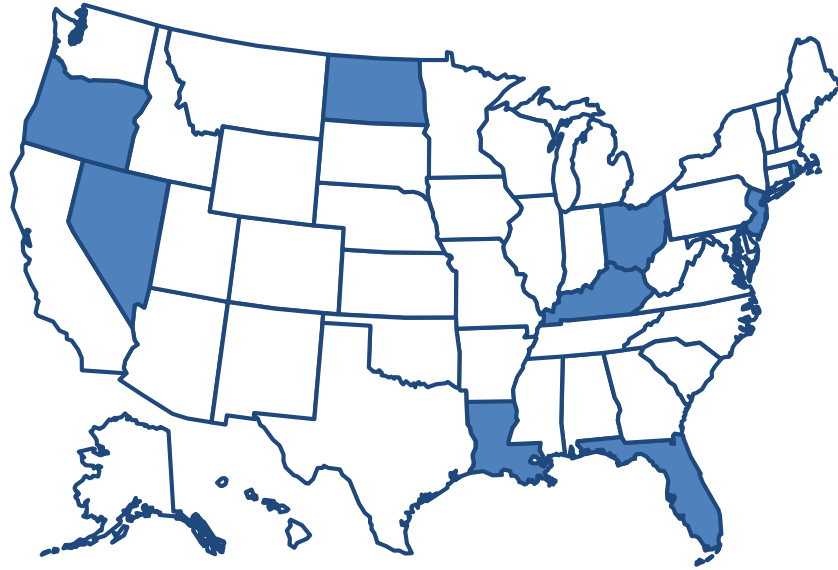
Who is required to report?

- Billing practitioners (physicians and non-physician practitioners) are required to report post-operative visits if they:
  - Practice in one of nine states randomly selected by CMS
    And
  - Practice in a group of ten or more practitioners
    And
  - Are part of a practice that provides global services under one of the required procedure codes

- Practitioners who are not required to report are still encouraged to report post-operative visits
  - If you are voluntarily reporting, report all visits for all selected procedures

Who is required to report?
Practice location

- To reduce overall burden, reporting is only required for practitioners in
  - Florida
  - Kentucky
  - Louisiana
  - Nevada
  - New Jersey
  - North Dakota
  - Ohio
  - Oregon
  - Rhode Island

- States randomly selected to be representative with respect to size (number of Medicare beneficiaries) and geography (Census division)

Who is required to report?
Practice size

- Practitioners who practice in at least one group of 10 or more practitioners are required to report all post-operative services provided in all groups

- Practitioners are exempt from reporting if they practice exclusively in groups with fewer than 10 practitioners

Who is required to report?
Practice size

- Practices are defined as a group whose business or financial operations, clinical facilities, records, or personnel are shared by two or more practitioners (not necessarily at same physical address)

- Practitioners are physicians and non-physician practitioners (including those working under physician supervision)

How do I report post-operative visits?

- Post-operative visits will be reported through the usual process for filling claims
    - Practitioner, beneficiary, date of service
    - Don't need to link 99024 claims to procedure
    - No time units or modifiers required
    - Practitioners can submit multiple 99024s on the same line as long as the claim includes the applicable range of service dates

- Follow usual Medicare billing requirements to demonstrate that visits were provided and code was correctly used (such as chart note)

- Teaching physicians follow usual CMS policies for the reporting of CPT code 99024 (using the GC or GE modifier as appropriate)

When do the reporting requirements take effect?

- Required to report post-operative visits for selected procedures furnished on or after July 1, 2017

- Can begin reporting any time after January 1, 2017

- We recommend implementing reporting as soon as possible to update software, test systems, and train staff

Where can I get more information?

Please email MACRA_Global_Surgery@cms.hhs.gov with any questions.

- Full text and supplemental payment information of the CY 2017 Physician Fee Schedule Final Rule https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-f.html
- Current list of procedure codes that require post-operative visit reporting https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Codes-for-Required-Global-Surgery-Reporting-CY-2017.zip
- Global Surgery Fact Sheet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf
- Global surgery data collection https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html

Frequently Asked Questions

What if post-operative care is transferred to another practitioner?

- Reporting is required when a post-operative visit is furnished by another practitioner in the same practice or tax identification number (TIN)

- This new reporting requirement does not change what care is included under the global payment. If another practitioner in the TIN provides care unrelated to the procedure they should continue to bill using the relevant evaluation/management (E/M) or other healthcare procedure coding system (HCPCS) code

- For some procedures it is common for the practitioner who performs the procedure to transfer post-operative care to another practitioner (e.g., ophthalmologist to optometrist) using modifier 55

- The practitioner who assumes post-operative care should submit 99024 claims for post-operative visits if they meet other sampling requirements (i.e., they practice in one of the states selected and their practice includes 10 or more practitioners)

Do I need to report visits associated with services provided before July 1?

- No, reporting is required for post-operative visits during the global period for procedures with dates of service on or after July 1, 2017

What if I furnish other services to the same patient on the same day?

- All post-operative visits covered by the global period must be reported

- If furnishing multiple post-operative visits to the same patient on the same day, only report 99024 once (same as E/M reporting rules)

- Any services not covered by the global period are subject to normal billing rules

What if I practice in two practices, but only one meets the size threshold?

- You are required to report; practitioners are eligible if they have relationships with at least one group with 10 or more practitioners

- Practitioners in this situation must report all eligible post-operative visits, no matter which practice is associated with the procedure

Does my alternative employment model affect the practice size threshold?

- Practitioner count should include **all billing physicians and non-physician practitioners** regardless of whether they are furnishing services under an employment, partnership, or independent contractor model under which they practice as a group and share a facility and other resources but continue to bill Medicare independently instead of reassigning benefits

How do we account for part-time/short-term practitioners and staff fluctuation?

- When practitioners provide services in multiple settings, the count may be adjusted to reflect the estimated proportion of time spent in the group practice and other settings
  - Generally, practitioners in short-term *locum tenens* arrangements would not be included in the count of practitioners
- Practices should determine their eligibility based on the typical number of practitioners that work in the practice in the first six months of 2017

Is reporting also required for Medicare Advantage and VA patients?

- Reporting is only required for traditional fee-for-service Medicare patients

- Reporting is required when Medicare is the primary payer for the global procedure

Are CMS contractors prepared to accept 99024? Can a small charge be put on claim?

- We are currently working with contractors to ensure appropriate processing

- We are working with contractors to ensure providers can put a 1 cent charge on the claim if the provider's software requires it

Summary

- Select practitioners are required to report post-operative visits furnished during global periods starting on or after July 1, 2017

- Reporting requirements apply to practitioners in practices of 10 or more practitioners and in nine randomly-selected states

- Reporting required for post-operative visits furnished during global periods following 293 specific procedure codes

- CPT code 99024 is reported using the usual claims filing process

- Reporting is optional for other practitioners and prior to July 1, 2017

Question & Answer Session

Acronyms in this presentation

- CPT®: Current Procedural Terminology

- E/M: Evaluation/Management

- HCPCS: Healthcare Common Procedure Coding System

- MACRA: Medicare Access and Children's Health Insurance Program Reauthorization Act

- TIN: Tax-identification number

2017 selected procedure codes (293)

10040	11442	12034	15120	17282	23120	27134	28308	33207	36589	44143	49650	63047	65855	67840
10060	11443	12041	15240	17283	23412	27235	28470	33208	36590	44145	50360	63056	66170	67900
10061	11601	12042	15260	19120	23430	27236	28510	33228	36819	44160	50590	63081	66179	67904
10120	11602	12051	15732	19125	23472	27244	28810	33249	36821	44204	52601	63650	66180	67917
10140	11603	12052	15734	19301	23500	27245	28820	33263	36830	44205	52648	63685	66711	67924
10160	11604	13101	15823	19303	23600	27446	28825	33264	36832	44207	53850	64555	66761	68760
10180	11606	13121	17000	19307	23615	27447	29822	33282	37607	44970	54161	64561	66821	68761
11200	11621	13131	17004	19357	23650	27486	29823	33405	37609	46221	55866	64581	66982	68801
11400	11622	13132	17110	20670	25447	27487	29824	33426	37765	46500	57240	64590	66984	68810
11401	11623	13151	17111	20680	25600	27506	29827	33430	37766	46930	57288	64612	67036	68840
11402	11640	13152	17260	20926	25605	27590	29828	33533	38500	47562	58571	64615	67040	69420
11403	11641	13160	17261	22513	25607	27786	29848	33860	38525	47563	58661	64616	67041	69433
11404	11642	14020	17262	22514	25609	27814	29876	34802	38571	47600	60240	64617	67042	69436
11406	11643	14021	17263	22551	26055	27880	29879	34825	38724	49422	60500	64632	67108	
11420	11644	14040	17270	22558	26160	28122	29880	35301	40808	49440	61312	64633	67113	
11421	11646	14041	17271	22600	26600	28124	29881	36470	43281	49505	61510	64635	67145	
11422	11750	14060	17272	22612	26720	28232	30140	36471	43644	49507	62264	64640	67210	
11423	11765	14061	17273	22630	27125	28270	30520	36558	44005	49560	63030	64718	67228	
11440	12031	14301	17280	22633	27130	28285	32480	36561	44120	49561	63042	64721	67255	
11441	12032	15100	17281	22830	27132	28296	32663	36581	44140	49585	63045	65756	67800	

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