NEW CLAIMS-BASED REPORTING REQUIREMENTS FOR POST-OPERATIVE VISITS

GUIDE FOR PRACTITIONERS

JUNE 2017

SUMMARY

- Select practitioners will be required to report some post-operative visits furnished during global periods using CPT code 99024 starting on July 1, 2017.
- Practitioners in practices of 10 or more practitioners and in nine randomly-selected states (Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island) are required to report.
- Reporting is required only 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 practitioners outside the nine selected states, for practitioners in practices with fewer than 10 practitioners, and prior to July 1, 2017.

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HOW IS GLOBAL SERVICE REPORTING CHANGING?

As part of a statutorily required effort to collect data on global services, certain practitioners will be required to report on post-operative visits furnished as part of the 10 or 90-day global periods assigned to 293 specific procedures. Practitioners will use CPT code 99024 to report post-operative visits following procedures furnished on or after July 1, 2017. Post-operative visits are defined as follow-up evaluation and management services performed during the post-operative period for reasons related to the original procedure. Previously, post-operative visits furnished as part of a global package were not separately billed or reported through claims-based systems.

WHAT KINDS OF SERVICES ARE NOW REPORTABLE?

Practitioners must submit claims for post-operative visits furnished as part of the 10 or 90-day global period associated with 293 specific high-volume and/or high-cost procedures as described below. Each post-operative visit must be reported using CPT code 99024. No time units or modifiers to distinguish levels of visits will be required at this time. Reporting is not required for pre-operative visits included in the global period or for services not related to a patient visit.

SELECTED PROCEDURE CODES

A current list of the procedure codes that require reporting is available on the CMS website (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html) and is reproduced on the following page. The 2017 selected procedure codes were identified using 2014 claims data. The 2017 selected procedure codes:

- Were furnished by more than 100 practitioners in 2014
  AND were either
- Reported more than 10,000 times in 2014 after adjustments for certain modifiers
  OR
- Had allowed charges in excess of $10 million in 2014.

The specific steps taken to identify selected procedure codes are listed in detail on the CMS website (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html). In subsequent years, this list will be updated to reflect more recent claims data. The new list of codes will be published prior to the beginning of the reporting year. The procedure codes for which reporting is required will include successor codes to those deleted or modified since 2014 for which reporting would have been required if the code had not been deleted or modified.

Table 1. 2017 Selected Procedure Codes

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

WHO IS REQUIRED TO REPORT?

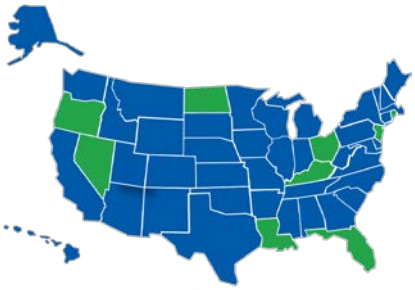
Practitioners (including physicians, non-physician practitioners, and clinical staff) are required to report post-operative visits as outlined above if they:

A. Practice in one of the nine states randomly selected by CMS;
B. Practice in a group of ten or more practitioners; and
C. Are providing post-operative visits following a selected procedure code.

All other practitioners are encouraged, but not required, to report post-operative visits using CPT code 99024.

PRACTICE LOCATION

To reduce the overall burden of the reporting requirement, reporting is only required for practitioners in nine states:



Florida Kentucky Louisiana Nevada New Jersey North Dakota Ohio Oregon Rhode Island

These states were randomly selected by CMS to be a representative sample of states with respect to size (number of Medicare beneficiaries) and geography (Census Division).

PRACTICE SIZE

Reporting requirements apply to practitioners who practice in groups of 10 or more practitioners. For this purpose, practices are defined as a group of practitioners whose business of financial operations, clinical facilities, records, or personnel are shared by two or more practitioners; such practices do not need to share the same physical address. For example, if practitioners practice in separate locations but are part of the same delivery system that shares business or financial operations, clinical facilities, records, or personnel, all practitioners in the delivery system would be included when determining if the practice includes at least 10 practitioners.

In determining whether a practitioner qualifies for the exception based on size of the practice, all physicians and qualified non-physician practitioners that furnish services as part of the practice should be included. The practitioner count should include all physicians and qualified 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 facility and other resources but continue to bill Medicare independently instead of reassigning benefits. 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. As practice size may fluctuate throughout the year, practices should determine whether or not they are required to report based on their expected staffing.

HOW DO I REPORT POST-OPERATIVE VISITS?

Post-operative visits will be reported through the usual process for filing claims. The claim will include information about the practitioner, date of service, and the units of service. Practitioners and practices will not be required to report additional data to link post-operative visits to a particular procedure.

As a part of Medicare billing requirements, practitioners must be able to provide documentation to demonstrate post-operative visits were provided and that demonstrates CPT code 99024 was correctly used, such as a note documenting the visit in the patient's medical chart.

Teaching physicians should follow the CMS policies that apply to other services that teaching surgeons report to CMS for the reporting of CPT code 99024 (using the GC or GE modifier as appropriate).

WHEN DO THE REPORTING REQUIREMENTS TAKE EFFECT?

Practitioners in the selected states and in practices with at least 10 practitioners will be required to report post-operative visits during the global period for selected procedure codes furnished on or after **July 1, 2017**.

Although not required, practitioners are encouraged to begin reporting prior to **July 1, 2017** to ensure that their practices have sufficient time to update software, test systems, and train staff to accurately report post-operative visit data.

FREQUENTLY ASKED QUESTIONS

A separate Frequently Asked Questions document is available on the CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html

WHERE CAN I GET MORE INFORMATION?

Full text of the CY 2017 Final Rule on Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1654-F – relevant information for global packages on pages 149-211)
https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-26668.pdf

Supplemental payment information on CMS-1654-F
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 factsheet
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GloballSurgery-ICN907166.pdf

CONTACT INFORMATION

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