



**MLN Connects<sup>®</sup>**

*National Provider Call*

# Data Collection on Resources Used in Furnishing Global Services

August 11, 2016



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# This Presentation Highlights Key Elements of the 2017 PFS Proposed Rule

- CMS-1654-P- Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017:
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-P.html>
- The presentation covers material in the “Collecting Data on Resources Used in Furnishing Global Services” section, p46191.

# Opportunities to Provide Feedback

- Comment period closes at 5:00pm September 6, 2016
- Official comments can be submitted electronically at [www.regulations.gov](http://www.regulations.gov) or can be mailed to CMS at the address specified in the regulation. Instructions on how to submit official comments are contained in the rule.

# Participation in Town Halls on August 25

- This is an opportunity for stakeholders to share their feedback on the CMS proposal.
- Note: Feedback received at this meeting is not part of our notice and comment rulemaking process.
  - In-person presentations will take place at CMS in Baltimore from 10:30am-12:00pm ET.
  - Virtual presentations can be made via Webinar between 1:30-2:30 ET.
- Please make sure to register for these sessions:
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/CY2017-PFS-NPRM-TownHall.pdf>

# Global Packages

- Medicare pays for many services (such as surgery) using a global package.
- Global surgical packages include post-operative visits, pre-operative visits, and other bundled services falling within one of three time periods:
  - 0-Day Global: Only the day of service
  - 10-Day Global: Up to 10 days following the service
  - 90-Day Global: The day before the service through 90 days after

# Global Packages

- In addition to the intra-operative services, global packages include the surgeon's services related to:
  - Pre-operative visits
  - Complications following surgery
  - Post-operative visits
  - Post-surgical pain management
- Supplies and miscellaneous services (such as dressing changes, removal of sutures and staples, and changes and removal of tracheostomy tubes) are also included in most cases.

# Concerns with Global Packages

- CMS expressed concerns with the current policy in the CY 2015 proposed and final rules (79 FR 67582 through 67585):
  - CMS does not use actual service data to update rates
  - Typical services are based on assumptions
  - Rates for services with global packages are not regularly adjusted
  - Global payment policies could affect what services are actually furnished

# New Global Surgery Policy Adopted

- In the 2015 Physician Fee Schedule, CMS finalized a policy transforming all 10-day and 90-day global periods to 0-day global periods.
- Practitioners would have billed separately for pre-operative and post-operative visits.
- Separate billing would:
  - Increase payment accuracy and avoid potentially duplicative or unwarranted payments
  - Facilitate the availability of more accurate data for new payment models and quality research

# MACRA Provisions

- Section 523(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114–10, enacted April 16, 2015) prohibited the Secretary from implementing the new policy.
- MACRA also required CMS to collect data to value surgical services:
  - Starting January 1, 2017
  - Must include the number and level of medical visits furnished during the global period and other items and services related to the surgery and furnished during the global period

# CMS Proposed Data Collection

- The FY 2017 proposed rule provides a three-pronged approach:
  - 1 Claims-based reporting on the number and level of pre- and post-operative visits
  - 2 A survey of a representative sample of practitioners about the activities involved in and resources used in providing pre- and post-operative visits
  - 3 A more in-depth study including direct observation in a small number of sites, including ACOs

# 1 Claims-based Reporting

- CMS asked RAND to develop a set of no-pay codes for use in reporting post-operative visits.
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/RVUs-Validation-RAND-gcodes.pdf>
- No separate payment would be made for reporting these codes.

# The Goal Was To Capture Sufficient Detail Without Creating Undue Complexity

Setting	Code	Description
Inpatient	GXXX1	Inpatient visit, typical, per 10 minutes
	GXXX2	Inpatient visit, complex, per 10 minutes
	GXXX3	Inpatient visit, critical illness, per 10 minutes
Office or Other Outpatient	GXXX4	Office or other outpatient visit, clinical staff, per 10 minutes
	GXXX5	Office or other outpatient visit, typical, per 10 minutes
	GXXX6	Office or other outpatient visit, complex, per 10 minutes
Via Phone or Internet	GXXX7	Patient interactions via electronic means by physician/NPP, per 10 minutes
	GXXX8	Patient interactions via electronic means by clinical staff, per 10 minutes

Notes: Pertains only to services included in global packages. Clinical staff visits apply only when the patient is not seen by physician or other practitioner during the same visit; Phone or internet services reported only if they are not furnished the day before, the day of, or the day after a visit.

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# Code Assignment Will Follow Familiar Coding Conventions

- Site of service
  - Inpatient
  - Outpatient
  - Remote
- Provider
  - Physicians in office (billing provider)
  - Clinical staff in office
- Complexity
  - Typical
  - Complex
  - Critical
- Time
  - 10 minute intervals

# 1 Claims-based Reporting

- Propose to require reporting by any practitioner furnishing a service with a 10- or 90-day global period in order to:
  - Ensure data is collected across specialties, geographic location, and practice size, practice model, patient acuity, and differing practice patterns
  - Collect data on pre and post-operative visits for low-volume procedures
  - Use a uniform approach to notifying practitioners and collecting data

## 2 Practitioner Survey

- Claims-based reporting can capture the number and level of visits but accurate payment rates may require additional information.
- A practitioner survey will collect information on the activities, time, and resources involved in furnishing pre- and post-operative visits.
- A representative sample is essential to represent the scope of services.

## 2 Practitioner Survey

- RAND will partner with NORC to design and field the survey.
- The proposed rule describes features of the survey and approach:
  - Responses from approximately 5,000 practitioners
  - Reporting on approximately 20 discrete visits per practitioner

## 2 Practitioner Survey

- A representative sample across multiple specialties
- Survey practitioners with a minimum number of procedures to have sufficient experience
- It is important that surveys provide adequate, reliable data so all relevant global services are captured:
  - Specific activities
  - Time, and resources involved in furnishing global services
  - Variation across specialties, clinical settings, and other parameters

## 2 Practitioner Survey

- The survey approach will complement the claims-based data.
- The resulting visit-level survey data would allow us to explore differences in more detail helping to validate the information gathered through claims:
  - Variation in activities, time, intensity
  - Resources associated with global services within and between physicians and procedures

# 3 Direct Observation

- Direct observation supplements the survey:
  - Small number of sites
  - Inform survey design
  - Validate survey results
  - Collect information not amenable to survey based reporting

# Commenting on Proposal

- CMS is particularly interested in comments on:
  - All aspects of the proposed G-codes
  - Potential use of 99024 to capture statutorily required data
  - Whether time of visits could alone be a proxy for level
  - Linking pre/post-operative visit codes to related procedures
  - Special provisions for teaching physicians

# August 25 Town Halls

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- Please register for the upcoming town halls on Thursday August 25
  - 10:30 am to 12 pm ET: At CMS Headquarters in Baltimore
  - 1:00-2:30 pm ET: Via Webinar
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/CY2017-PFS-NPRM-TownHall.pdf>

# Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
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