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

April 25, 2017
1:30 – 3:00 PM EST
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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 pre-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

• 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)

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