The Society of Thoracic Surgeons

Frequently Asked Questions (FAQs) and Answers: 2017 Medicare Global Codes Data Collection Requirements

As of June 23, 2017

Q1. Is reporting on postoperative visits for 10- and 90-day global codes mandatory?

A1. Yes, reporting is mandatory, but only for groups of 10 or more practitioners operating in the following states: Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island. These groups must report postop visits beginning July 1, 2017. It is important to note that the Centers for Medicare & Medicaid Services (CMS) may use the data collected to revalue cardiothoracic surgery CPT codes; therefore, providing complete and accurate information about postop visits is of the utmost importance.

Q2. Should the documentation of office visits in the postoperative period (for 10- or 90- day global codes) be a part of the index hospitalization?

A2. CMS requires postop visits to be noted in the medical chart. STS recommends that you document the postop visit as you would any other chargeable evaluation and management (E&M) visit. CMS has stated that it can connect 99024 submissions to the CPT global code under which it occurs by relying on its claims data. However, STS recommends that physician documentation reflect the original global service to which the postoperative visit is related.

Q3. Will a practice be considered a "group of 10 or more" if there are only two or three cardiothoracic surgeons and the rest of the group is cardiologists, internists, or other non-surgical specialties?

A3. Yes. The requirement applies to groups of 10 or more practitioners. CMS defines "practitioner" as physicians and non-physician practitioners and does *not* limit the count of the group to only those in the group who submit claims for 10- or 90-day global codes. In addition, the requirement applies to more global codes than just those billed by cardiothoracic surgeons. Review the full list of codes subject to the requirement.

Q4. Our group has already been using our practice management system to track our *office* postop visits with CPT 99024. Are we now going to have to submit for every postop visit we do, including those in the *hospital* directly after surgery?

A4. Yes. The code descriptor for CPT 99024 is "*Postoperative follow-up visit, normally excluded in the surgical package, to indicate that an E&M service was performed during a postoperative period for a reason(s) related to the original procedure*." The reporting requirement mandates the reporting of CPT 99024 for *all* postoperative visits in the global package, not just *office* visits. As stated by CMS in its Global Surgery Data Collection Requirement FAQs, "Reporting of CPT code 99024 is required for all postoperative visits furnished during the global period, regardless of the setting in which the postoperative care is furnished."

Q5. Does the requirement apply only to postop visits provided by the physician directly, or should it also be reported for visits provided by physician assistants?

A5. As stated by CMS in its Global Surgery Data Collection Requirement FAQs, "Reporting is required for all eligible practitioners furnishing postoperative visits included in the global period regardless of whether or not the practitioner furnished the procedure itself." However, CMS makes the important distinction that the reporting requirement only applies to services that would otherwise be separately billable if not for the global payment policy. Therefore, a practice should evaluate whether the service provided by the physician assistant would otherwise meet Medicare billing requirements if it had occurred outside of a global period.

Q6. Does the requirement apply in teaching hospitals? Should I report CPT 99024 for services provided by residents?

A6. Yes, the requirement applies in teaching hospitals and to services provided by residents. However, only report CPT 99024 for services that would otherwise be separately billable if not for the global payment policy. Additionally, the physician must be present during the key or critical portions of the service for it to be reportable.