CMS Update: Converting Global Surgical Period to Zero

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No conflicts

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CMS announced all 10- and 90- day CPT global procedure codes will be reduced to 0- day codes

Global Service Payments Medicare Services since 1992

Procedures were bundled to provide administrative simplification

Eliminated the need to submit a claim for each postoperative visit

Established a uniform fee schedule

Present Procedure Bundled Payment

1. Pre-procedure

Evaluation (within 24 hours of procedure)

Patient positioning

Scrub, dress and wait time

Present Procedure Bundled Payment

2. Intra-service work

Skin to Skin surgery

Present Procedure Bundled Payment

3. Post-procedure services

Immediate – time with patient in the O.R after procedure

Facility – number of E/M visits in the hospital before discharge

Office – number of office visits or outpatient facility visits subsequent to discharge

Present Procedure Bundled Payment

All routine care related to the procedure was covered for either 10 or 90 days.

No reports or billing were required except for supplies and/or cast application

Office of Inspector General

Performed 2 pilot studies:

2005 - Ophthalmology 300 studies

2012 - Musculoskeletal 300 studies

Office of Inspector General

"The Musculoskeletal global Service fees often did not reflect the actual number of E&M services provided"

"The surgeons provided fewer E&M services than were included in 165 global service fees"

Office of Inspector General

Based on the 2012 musculoskeletal study of 300 cases:

Physicians were paid for 1776 E&M services but

Physicians provided only 1427 E&M services

Office of Inspector General

- OIG estimated based on this small study Medicare paid a net of $49 million for E&M services that were not provided in 2007

- OIG recommended CMS develop fees to reflect the actual number of E&M services provided

CMS

- Agreed post operative services have changed since 1992 and require revision
- Paying proceduralists for services not provided was interpreted as giving preferential treatment to proceduralists over primary care specialists.

CMS

Will retain global bundles for surgical services BUT

Will change all 10 and 90-day global service codes to 0-day codes

Postoperative hospital/office visits will be removed from global payments

CMS

Two stage transition to zero day codes:

10 day global service codes end Dec. 31, 2017

90 day global service codes end Dec. 31, 2018

Problems Revaluating Codes

RUC values codes use 2 methods:

building block and magnitude estimation

Subtracting the postoperative visits may result in negative RVU for some codes

4,200 CPT 10/92 day codes will need revaluation in a relatively short time

Potential Unintended Consequences

- Patient access to care problems
- Increased patient financial burden
- Increased missed appointments due to copayment requirement
- Increased complications due to missed appointments

Impact for Orthopaedic Surgeons

- Document medical necessity for postoperative visits hospital/office
- Multiple procedure visit codes not covered by CPT -50 and -51 codes
- Revaluating 0 and 90 day codes will require coordinated effort of CMS, AMA, AAOS and relevant specialty societies.

Bottom Line

CMS intends to convert all 10-90 day global procedure codes to 0 day codes

10 day global codes end 2017 and 90 day global codes end in 2018

All 10 and 90 day codes will be revalued

AAOS concerned change will increase administrative costs without changing the quality of physician services.

References

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2. www.rand.org; Development of a Model Validation of Work relative Value Units for the Medicare Physician Fee Sched.
3. http://oig.hhs.gov;Musculoskeletal Global Surgery Fees Often Did Not Reflect the Number of Evaluation and Management Services Provided. May 2013