AAO Releases Update on Medicare Part B Global Surgery: Required Data Reporting for Postoperative Care

Why: Section 523 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) halted a CMS provision that would have eliminated 10- and 90-day global surgical payments which they believe are misvalued. Instead CMS was authorized to collect data on such services to review the valuation of surgical services from a representative sample of physicians. Data collection began January 1, 2017. The universe of collected information will look at the number and level of medical visits furnished during the global period and other items and services related to the surgery, as appropriate. Beginning in 2019, the information collected, along with any other available data, must be used to improve the accuracy of the valuation of surgical services.

When: Reporting of the postoperative visit code 99024 associated with minor (10-day) and major (90-day) surgical procedures performed beginning Saturday, July 1, 2017. An end date is yet to be determined.

Who: Physicians and non-physician (MD, DO, OD, PA, NP) practitioners in groups of 10 or more in the following nine states:

1. Florida
2. Kentucky
3. Louisiana
4. Nevada
5. **New Jersey**
6. North Dakota
7. Ohio
8. Oregon
9. Rhode Island

Note: CMS encourages practitioners to report postoperative visits voluntarily even if they're not required to.

How: Report postoperative visits through the usual process for filing claims:

- Report CPT code 99024 Postoperative visit via claims
- Practitioner, beneficiary, date of service
- Note: Teaching physicians follow usual CMS policies for the reporting of CPT code 99024 using the GC or GE modifier as appropriate

Of the 293-Selected Surgical CPT Codes, 55 Impact Ophthalmology

How were the surgical codes selected? CMS accepted a method that targeted those procedures with higher utilization/allowed charges put forward by the AMA Relative-value Update Committee (RUC) rather than all 10- and 90-day surgical codes as suggested by previously by CMS.

Surgical procedures were selected if performed:

- by more than 100 practitioners, and
- 10,000 times, or
- have allowed charges exceeding $10 million

Integumentary CPT Code	Description	Global Period
11200	Removal of skin tags, multiple, fibrocutaneous, tags, any area; up to and including 15 lesions	10 days
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	10 days
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	10 days
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	10 days
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to over 3.0 cm	10 days
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	10 days
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	10 days
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	10 days
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	10 days
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 10 sq cm or less	90 days
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 10.1 sq cm to 30.0 sq cm	90 days
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	90 days
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	90 days
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	90 days
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	90 days
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	90 days

17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	10 days
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	10 days
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	10 days
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	10 days
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	10 days
Cardiovascular CPT code	**Description**	**Global Period**
37609	Ligation or biopsy temporal artery	10 days
Nervous System CPT code		
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm); also known as Botox	10 days
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	10 days
Eye and Ocular Adnexa CPT Code	**Description**	**Global Period**
65756	Keratoplasty (corneal transplant); endothelial	90 days
65855	Trabeculoplasty by laser surgery	10 days
66170	Trabeculectomy ab externo in absence of previous surgery	90 days
66179	Aqueous shunt to extraocular equatorial plate reservoir; external approach; without graft	90 days
66180	Aqueous shunt to extraocular equatorial plate reservoir; external approach; with graft	90days
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	90 days
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) per session	10 days

66821	Discussion of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid; laser surgery (eg, YAG laser) (1 or more stages)	90 days
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	90 days
66984	Extracapsular capsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	90 days
67036	Vitrectomy, mechanical, pars plana approach;	90 days
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	90 days
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	90 days
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas, or silicone oil)	90 days
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by the same technique	90 days
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	90 days
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	90 days
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	90 days
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	10 days
67255	Scleral reinforcement (separate procedure); with graft; also known as tutoplast	90 days
67800	Excision of chalazion; single	10 days
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	10 days

67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	90 days
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	90 days
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	90 days
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	90 days
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	10 days
68761	Closure of the lacrimal punctum; by plug, each	10 days
68801	Dilation of lacrimal punctum, with or without irrigation	10 days
68810	Probing of nasolacrimal duct, with or without irrigation	10 days
68840	Probing of lacrimal canaliculi, with or without irrigation	10 days

Questions	**Answers**
Is reporting required for preoperative visits?	No. Only postoperative visits must be reported.
If the exam performed during the global period is unrelated to the surgery, but some postoperative care is provided should we report the appropriate level of E/M or Eye visit code appended with modifier -24 and 99024?	No. Only report the billable exam recognized as unrelated to postoperative care that is appended with modifier -24.
What diagnosis should be associated with 99024?	The surgical diagnosis
What if my practice management system or clearing house won't submit a CPT code without a charge?	Put in 1 cent and remember to write it off.
Why doesn't the Academy publish how many times we should see the patient postoperatively for each surgical code?	Physicians should only see the patient when medically necessary.
Do phone calls with the patient or their family count as a postoperative visit?	No. Only face-to-face exams with the patient should be reported.
If my surgical patient is seen by me in the emergency department or in the hospital or skilled nursing facility or in any place other than my office for postoperative care should I report 99024?	Yes.
What if I report on surgical codes others than the ones part of this study?	All data is welcome.
Do I report on all patients regardless of insurance?	Report only for Medicare Part B as primary payer. No dot not for other insurances or Medicare Advantage Plans.
I see my colleagues postop and they see mine. Should we report 99024 even if we didn't perform the surgery?	Yes.
What if I comanage my surgical patients with a non-surgical ophthalmologist or optometrist outside my practice?	Both should report 99024.

What is the remittance advice code when we submit 99024?	CMS is unsure at this time.
What if surgery is performed in Oregon and the postoperative care is provided at our office in Washington state?	All postoperative visits should be submitted with 99024.
Who is required to report?	All physicians including ophthalmologists as well as optometrists and non-physician practitioners
Do all ophthalmologists in the required states have to participate?	Only those practices whose group consists of 10 or more physicians are required to participate in any of the nine states.
Can I report before the effective date July 1, 2017?	It is recommended to test your system and billing services prior to July 1, 2017 to ensure your software and staff are ready.

Questions should be emailed to coding@aao.org

Global Period Fact Sheet: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GloballSurgery-ICN907166.pdf

Global Surgery Data Collection https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/global-surgery-data-collection-.html

CMS webinar slides https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2017-04-25-Global-Surgery-Presentation.pdf