



Advancing Female Pelvic Medicine
and Reconstructive Surgery

Starting July 1, 2017 - New Global Surgery Data Collection Requirement

Certain AUGS Members Must Report Number of Post-Operative Visits – See Information Below

Starting July 1, 2017, the Centers for Medicare & Medicaid Services (CMS) will require that certain practitioners in **Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island** report the number of post-operative visits that they provide related to certain 10- and 90-day global services. AUGS strongly urges all of its members who practice in these states to comply with this **NEW CMS policy**. If CMS is unable to collect accurate and complete data, then reimbursements for 10- and 90-day global services could be negatively affected.

Who Must Report?

All practitioners who are in groups of 10 or more (“practitioner” includes both physicians and non-physician practitioners) who provide 10- or 90- day global services in the nine states listed above are required to report post-operative visits starting July 1, 2017.

What Must be Reported?

Practitioners must report **CPT code 99024 - Postoperative follow-up visit, normally included in the surgical package to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure** - for every post-operative visit, regardless of site of service, they provide within the global period for a select list of 10- or 90-day global codes.

CMS created a list of 293 codes using the criteria of procedure codes reported annually by more than 100 practitioners and that are either reported more than 10,000 times or have allowed charges in excess of \$10 million annually. To view the list of 293 codes, please visit the CMS website at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/global-surgery-data-collection-.html>

AUGS Coding Committee has reviewed the list and has identified the following three (3) CPT codes as being relevant to AUGS Members’ Practices:

CPT Code 57240 – Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele

CPT Code 57288 – Sling operation for stress incontinence (eg, fascia or synthetic)

CPT Code 58571 – Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

How should the codes be reported?

The codes should be reported through the usual process for filing claims, including practitioner, beneficiary, and data of service information. There is no need to link CPT code 99024 code to the procedure itself or to add a modifier.

What if I see patients in two practices, but only one meets the size threshold or is in a state that is one the list?

Practitioners are required to report if they have relationships with at least one practice 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 or if one practice is in a different state from the ones listed.

Why is CMS requiring reporting of post-operative data?

CMS is concerned about the accuracy of reimbursement for 10- and 90-day global surgical codes. Specifically, CMS is questioning whether the number and level of postoperative visits currently included in the reimbursement for global surgical codes are an accurate reflection of the care that is actually provided. AUGS urges all its members who are required to report to do so. If CMS is unable to collect accurate and complete data, then reimbursements for 10- and 90- day global services could be negatively affected.

Where can I find more information about the claims-based reporting requirements?

Please direct all questions for CMS to the following resource email box:
MACRA_Global_Surgery@cms.hhs.gov.

You can also find online resources on the CMS webpage at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html>.

You can also send questions to the AUGS Coding Committee at: <https://www.augs.org/clinical-practice/coding-qa/>