



# 2022 NGS Medicare Spring Virtual Conference

## **Medicare for You**

### Medicare Global Surgery Policy

5/12/2022



# Today's Presenter

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  - Provider Outreach and Education

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# Objectives

- Understand the global surgery concept
- Understand modifiers appended to E/M codes and modifiers appended to surgical codes
- How to obtain the vital information available at the Medicare Physician Fee Schedule Database

# Agenda

- What **is** and is **not** included in the surgical package
- Global modifiers
- Resources

# Medicare Learning Network

- MLN<sup>®</sup> Booklet
  - [Global Surgery Booklet](#)
  - ICN 907166 September 2018

# Global Surgery Concept

- National policy established in 1992
- Insures consistent payment for services across all jurisdictions
- Includes all necessary services by the physician/nonphysician practitioner before, during, and after surgery



# Components of a Global Surgical Package

- Includes payment for the following services related to the surgery when furnished by the physician who performs the surgery

**or**

- Physicians within the same specialty and same group practice

# Services Included

- Medicare payment includes
  - Preoperative visits
  - Intraoperative services
  - Complications following surgery
- Postoperative visits

# Services Included

- Postsurgical pain management by surgeon
- Miscellaneous services (e.g., dressing changes, suture removal, staples, tracheostomy tubes)

# Services Not Included

- Services **excluded** from global surgery
  - Initial evaluation (major)
  - Services of other physicians (in different group practice or different specialty within the same group)

# Services Not Included

- Visits unrelated to surgery diagnosis
- Diagnostic tests/procedures
- Clearly distinct surgical procedures during postoperative period

# Services Not Included

- Postoperative complications which require return trip to operating room
- Unrelated critical care services for seriously injured or burned patient
- Treatment for underlying condition or added course of treatment
- Immunosuppressive therapy for organ transplant

# Medicare Physician Fee Schedule Database

# Medicare Learning Network

- MLN<sup>®</sup> Booklet: [How to Use the MPFS Look-Up Tool](#)
  - ICN 901344 March 2021
- [Overview of the Medicare Physician Fee Schedule Search](#)
  - Search pricing
  - Search payment policy indicators
  - See relative value units (RVUs)
  - See geographic cost index (GPCI)



# NGS Website Fee Schedule Search

Select a Fee Schedule: \*

Medicare Physician Fee Schedule Pricing

Result Type: \*

☐

Full Fee Schedule

☒

Specific To Fee Code

Date of Service: \*

03/18/2022



Procedure Code: \*

27244

Region: \*

Illinois (area 99)

Search

# NGS Website Fee Schedule Search

## Medicare Physician Fee Schedule Pricing Fee Schedule

Procedure Code	Effective Date	State/Territory	Locality	Short Description
27244	01/01/2022	06102	99	Treat thigh fracture

### Non-OPPS Capped Payment Rates (NON-OPPS)

Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	1238.40	1176.48	1352.95	1238.40	1176.48	1352.95

### OPPS Capped Payment Rates (OPPS)

Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

The full Fee Schedule for this code can be downloaded in the following formats below:

[Excel File](#)

[CSV File](#)

# Fee Schedule Database Columns

Non-OPPS Capped Payment Rates (NON-OPPS)						
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	1238.40	1176.48	1352.95	1238.40	1176.48	1352.95
Modifier Selected: (blank)						
Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU	
A	34.6062	0.9990	18.18	14.47	14.47	
Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base	
3.73	1.000	0.912	1.182	0.00		
Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage	
090	1	0	10.00%	69.00%	21.00%	
Multiple Surgery	Bilateral Surgery	Assistant At Surgery	Two Surgeons	Team Surgery		
2	1	2	1	0		

# Global

- Global days
  - 000 = Endoscopic or minor procedure
  - 010 = Minor procedure
  - 090 = Major procedure
  - MMM = Maternity code
  - XXX = Global concept does not apply
  - YYY = MAC determines if global concept applies
  - ZZZ = Code related to another service and always included in global period of other procedure

# Minor Surgical Procedures

- No preoperative days
- Includes visits on same day by same physician
- Includes all intraoperative services that are normally part of surgical procedure
- Zero or ten day postoperative period

# Major Surgical Procedures

- One day preoperative visit (day before and the day of surgery)
- All intraoperative services normally part of the recovery for the surgical procedure
- 90-day postoperative period (do not count the day of surgery)

# Modifiers

- Modifiers are two digit codes appended to the procedure codes
- Modifiers alter or modify procedure
- Some modifiers affect reimbursement
  - Others are “informational only”
- Modifiers are reported in Item 24d on CMS-1500 claim form or electronic equivalent

# Global Modifiers Appended to E/M Services



# Modifier 24

- E/M unrelated to the surgical procedure
- E/M provided during the postoperative period of a minor or major surgical procedure

# Modifier 25

- Significant, separately identifiable
- E/M provided the same day as minor surgical procedure

# Modifier 57

- Decision for surgery
- E/M provided the day before or day of major surgery

# Global Modifiers Appended to Surgical Codes

# Multiple Surgery

- Multiple surgery (modifier 51)
  - 0 = No payment adjustment rules apply
  - 1 = Standard pay adjust in effect before 1/1/1995
  - 2 = Standard pay adjust for multiple procedures apply
  - 3 = Special rules for endoscopic procedures apply
  - 4 = Special rules for technical component of diagnostic imaging procedures apply
  - 5 = Subject to 20% of practice expense component for certain therapy services (25% when rendered in institutional setting effective 1/1/2013)

# Multiple Surgery

- 6 = Special rules for diagnostic cardiovascular services full payment for highest TC and 75% for subsequent
- 7 = Special rules for diagnostic ophthalmology services full payment for highest TC and 80% for subsequent
- Multiple Procedure Payment Reduction Files
  - [CMS-1612-FC](#)

# Modifier 51

- Multiple surgery pricing rules
  - 100% of allowable for highest fee schedule amount
  - 50% of allowable for procedures two through five

# Bilateral Surgery

- Bilateral Surgery (modifier 50)
  - 0 = 150% payment adjust for bilateral procedure does not apply
  - 1 = 150% payment adjust for bilateral procedure applies
  - 2 = 150% adjustment does not apply
  - 3 = Usual payment adjust for bilateral procedures does not apply
  - 9 = Concept does not apply



# Modifier 50

- Bilateral surgery
- Procedures performed on both sides of the body on same day
- Paired organs

# Assistant Surgery

- Assistant Surgery (Modifiers 80, 81, 82)
  - 0 = Payment restriction for assistant applies unless documentation supports medical necessity
  - 1 = Assistant at surgery may not be paid
  - 2 = Assistant at surgery may be paid
  - 9 = Concept does not apply

# Modifier 80/82

- Modifier 80 = Assistant surgeon
- Modifier 82 = Assistant surgeon in a teaching hospital when a qualified intern is not available
- AS–PA, NP, or CNS services for assistant at surgery

# Cosurgery

- Cosurgeons (modifier 62)
  - 0= Cosurgeons not permitted
  - 1 = Cosurgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure
  - 2 = Cosurgeons permitted and no documentation required if the two-specialty requirement is met
  - 9 = Concept does not apply

# Modifier 62

- Service requires individual skills of two surgeons during same operative session
- Cosurgeons

# Team Surgery

- Team Surgery (modifier 66)
  - 0 = Team surgeons not permitted
  - 1 = Team surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report
  - 2 = Team surgeons permitted; pay by report
  - 9 = Concept does not apply

# Modifier 66

- Service requires individual skills of three or more surgeons during same operative session
- Team surgeons

# Global Modifiers Appended to Surgical Codes Not Related to Database



# Modifier 22

- Increased procedural services
- Surgeries performed significantly greater than usually required
  - Must provide concise statement how service differs
  - Enter as much information as possible
  - Operative report required upon request

# Modifier 54/55

- More than one physician (different group practice) provides services during global period
- Split care/comanagement
- Modifier 54 = Surgery only
- Modifier 55 = Postoperative care/ follow-up care

# Physician/Nonphysician Practitioner Furnish Entire Global Package

- Entire global surgery package (sole proprietor)
  - Performs preoperative work
  - Performs surgery
  - Performs postoperative work
  - Bills with surgical procedure code only
    - No modifier
    - No additional visits or services relating to the recovery of the surgical procedure

# Physician/Nonphysician Practitioner Furnish Entire Global Package

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-9-CM Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	MM	DD	YY	MM			DD	YY							
1	10/20/16								66984				1		NPI		
2															NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		

# Physician/Nonphysician Practitioner Same Group Practice

- Group bills entire global package
- Physician that performed surgery shown as performing physician

# Physician/Nonphysician Practitioner Same Group Practice

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. (P/S/D) Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	K. PHYSICIAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER							
1	10/20/16								66984			1		NPI	3456789012		
2														NPI			
3														NPI			
4														NPI			
5														NPI			
6														NPI			

# Physician/Nonphysician Practitioner Who Furnish Part of a Global Package

- Applies to surgery only
- When physician and patient agree on transfer of care
- Modifier 54 billed for surgery only
- Date care relinquished must be shown on claim
  - Item 19 CMS-1500 claim form
  - Electronic equivalent

# Physician/Nonphysician Practitioner Who Furnish Part of a Global Package

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Relinquished 10/21/16

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. RPOC (Indicate Date)	I. QUAL. #	J. RENDERING PROVIDER ID, #	
	MM	DD	YY	MM	DD	YY										
1	10	20	16					66984 54				1		NPI		
2														NPI		
3														NPI		
4														NPI		
5														NPI		
6														NPI		



# Physicians/NPP Who Furnish Complete Postoperative of Global Package

- Physician and patient agree on transfer of care
- Modifier 55 billed for postoperative care
- Days or units field (24G)
  - Indicate number of days postoperative care is provided
- Date care assumed must be shown on claim
  - Item 19 CMS-1500 claim form
  - Electronic equivalent

# Physicians/NPP Who Furnish Complete Postoperative of Global Package

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Assumed 10/21/16

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. IPSDI Family Plan	I. ID, QUAL.	J. RENDERING PROVIDER ID, #	
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER							
1	10	20	16						66984	55			90		NPI		
2															NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		

PHYSICIAN OR SUPPLIER INFORMATION

# Physicians/NPP Who Furnish Part of the Postoperative Care

- Modifier 55 billed for both claims for postoperative care only
- Days or units field (24G)
  - Indicate number of days postoperative care is provided
- Date care assumed/relinquished must be shown on claim
  - Item 19 CMS-1500 claim form
  - Electronic equivalent

# Physicians/NPP Who Furnish First Part of Postoperative Care

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Relinquished 10/21/16

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-9-CM	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
	From	To	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER								
1	10	20	16						66984	55				80		NPI		
2																NPI		
3																NPI		
4																NPI		
5																NPI		
6																NPI		

PHYSICIAN OR SUPPLIER INFORMATION

# Physicians/NPP Who Furnish Second Part of Postoperative Care

## 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Relinquished 10/21/16

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. POSIT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
	From	To	MM	DD	YY	MM			DD	YY							
1	10/20/16								66984 55				10		NPI		PHYSICIAN OR SUPPLIER INFORMATION
2															NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		

# Modifier 58

- Staged or related procedure
  - Planned at time of original procedure
  - More extensive than original procedure
  - Therapy following diagnostic surgical procedure
- New postoperative period begins when the next procedure is billed

# Modifier 59

- Distinct procedural service
- Different session or patient encounter
- Different procedure or surgery
- Different site, separate lesion, separate area of injury, or area of injury in extensive injuries

# Modifier 59

- Does not replace existing modifiers
  - E1-E4
  - FA, F1-F9
  - TA, T1-T9
  - LT, RT
  - 25, 58, 78, 79, LC, LD, RC, 91
- Modifier of last resort!
  - Also referred to as the “Correct Coding” modifier



# Modifier 59 Article

- **Distinct Procedural Service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.
- Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.
- **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

# Specific Modifiers for Distinct Procedural Services CR 8863

- CMS is establishing Four new HCPCS modifiers X{EPSU} to define subsets of the 59 modifier
- Effective 1/1/2015
  - XE Separate Encounter
  - XS Separate Structure
  - XP Separate Practitioner
  - XU Unusual Non-Overlapping Service
  - Stay Tuned – More to come from CMS

# Modifier 78

- Complications require return to operating room
- Related surgical procedure
- Bill with procedure code for procedure performed during the return trip
- If no such code exists, use unlisted procedure code

# Modifier 79

- Unplanned surgical procedure during the postoperative period of a different surgical procedure
- New postoperative period begins when billed

# Resources

- [Centers for Medicare & Medicaid Internet-Only Manual, Publication 100-04, \*Medicare Claims Processing Manual\*, Chapter 12, Section 40, Surgeons and Global Surgery](#)
- [Overview - Physician Fee Schedule Look-Up](#)

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

