Understanding Global Surgery Rules

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Course Objectives

- Distinguish between major and minor procedures
- Explain the various edits and indicators for surgical services
- Describe the global surgery coding and reimbursement rules

Does Insurance Cover Surgery?

- YES
  - For medically necessary procedures
    - Diagnosis / treatment of disease
    - Failure of other therapies
    - Good prognosis
    - Tolerable risks
    - Patient awareness
    - Adhere to payment rules
- NO
  - For non-covered procedures
    - Cosmetic surgery
    - Refractive surgery (LASIK, LRI)
    - Astigmatism-correcting IOL
    - Presbyopia-correcting IOL
    - Patient pay
    - Use waiver, ABN, NEHB
    - Patient pays

Covered vs Non-covered

**Covered**
- Statute or law (SSA)
- Regulation (CMS)
- Contract (3rd party payer)

**Non-covered**
- Excluded by statute
- Limitations by regulation
- Limits imposed by contract

Top 10 Ophthalmic Procedures

<table>
<thead>
<tr>
<th>Rank</th>
<th>CPT</th>
<th>Procedure</th>
<th>Rank</th>
<th>CPT</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>67028</td>
<td>Intravitreal Injection</td>
<td>6</td>
<td>66982</td>
<td>Complex Cataract</td>
</tr>
<tr>
<td>2</td>
<td>66984</td>
<td>Cataract w/IOL</td>
<td>7</td>
<td>65855</td>
<td>Lx Trabeculoplasty</td>
</tr>
<tr>
<td>3</td>
<td>66821</td>
<td>YAG capsulotomy</td>
<td>8</td>
<td>15823</td>
<td>Blepharoplasty</td>
</tr>
<tr>
<td>4</td>
<td>68761</td>
<td>Punctum plug</td>
<td>9</td>
<td>67210</td>
<td>Focal Laser</td>
</tr>
<tr>
<td>5</td>
<td>67820</td>
<td>Epilation</td>
<td>10</td>
<td>66761</td>
<td>Laser PI</td>
</tr>
</tbody>
</table>

Source: CMS data 2013, 18 - Ophthalmology

Financial Disclosure

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### Common Ophthalmic Surgery

#### Medicare Utilization Patterns (18 - Ophthalmology)

<table>
<thead>
<tr>
<th>CPT</th>
<th>Procedure</th>
<th>λ</th>
<th>CPT</th>
<th>Procedure</th>
<th>λ</th>
</tr>
</thead>
<tbody>
<tr>
<td>67028</td>
<td>Intravitreal injection</td>
<td></td>
<td>68721</td>
<td>Punctum plugs</td>
<td>1%</td>
</tr>
<tr>
<td>66984</td>
<td>Cataract &amp; IOL</td>
<td>9%</td>
<td>67228</td>
<td>Retina laser</td>
<td>1%</td>
</tr>
<tr>
<td>66821</td>
<td>YAG</td>
<td>3%</td>
<td>67210</td>
<td>Epilation</td>
<td>1%</td>
</tr>
<tr>
<td>68761</td>
<td>Glaucoma laser</td>
<td>1%</td>
<td>15823</td>
<td>Blepharoplasty</td>
<td>1%</td>
</tr>
</tbody>
</table>

Frequency is per 100 office visits (%) on Medicare beneficiaries

Source: CMS data (2013), 18 – Ophthalmology

### Global Surgery Concept

- Established in 1992
- Single fee for pre-op, intra-op, and post-op services
- Certain services included and excluded
- Established rules for major and minor surgeries

### Changes to Global Packages

- Transition of 10 and 90-day global packages to 0-day global packages
- Medically reasonable and necessary visits billed separately
- Transition for 10-day codes to occur in 2017
- Transition for 90-day codes to occur in 2018

Source: ASCRS Regulatory Alert, 10/31/14; CMS Fact sheet 10/31/14

### Major Surgery

#### INCLUDED in the global surgery package:

- Subsequent to the decision for surgery, pre-operative care by surgeon (1 day before, or day of surgery, including H&P)
- Intra-operative services and supplies
- 90-days postop care related to surgery
- Care for complications (except in O.R.)
- Incidental services and supplies
- Anesthesia administered by the surgeon

Source: MCPM, Chapter 12, §40.1A

#### EXCLUDED from the global surgery package:

- Exam to identify need for surgery (-57)
- Diagnostic tests
- Care by another doctor (i.e., not in group)
- Unrelated care (e.g., fellow eye) (-24, -79)
- Prosthetic devices, some supplies
- Complications involving re-operations (-78)
- Staged procedures (-58)

Source: MCPM, Chapter 12, §40.1B

### Incidental Procedures

- Anesthesia administered by surgeon
- Procedures carried out as an integral component of a total service
- Intraoperative injections
- Suture removal in postop
- Unplanned injections during postop period

Source: MCPR, Chapter 12, §40.1B
**Group Practice**

Physicians in Group Practice

“When different physicians in a group practice participate in the care of the patient, the group bills for the entire global package if the physicians reassign benefits to the group. The physician who performs the surgery is shown as the performing physician.”

Source: MCPM Ch 12 §40.2A2

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**Treating Complications**

- Group Practice – Included in global package
  - Cataract surgery retinal complication
    - Retinal consultation
    - Office visits
    - Minor procedures
- Group Practice – Separately billable
  - Cataract surgery retinal complication
    - Diagnostic tests
    - Return to OR
    - Injected medication (Kenalog)

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**Postoperative Complications**

Medicare global surgical package does not include:

“Treatment for postoperative complications which require a return trip to the operating room (OR)”

Source: MCPM Ch 12 §40.1B

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**Operating Room**

Definition of an OR

“An OR for this purpose is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, and an endoscopy suite. It does not include a patient's room, a minor treatment room, a recovery room, an intensive care unit...”

Source: MCPM Ch 12 §40.1B

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**Coverage Policies Vary**

- Medicare’s policies are not universal
- Local policies differ from place to place
- Policies change from time to time
- Basis for coverage vary
- **IMPORTANT:** Monitor payers’ websites frequently

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**Criteria for Cataract Surgery**

- Objective evidence of a cataract
- Reduced visual acuity
- Lifestyle complaints
- Good prognosis for improvement
  - Alternate – to aid in treatment of retina
- Patient can tolerate anesthesia
- Patient awareness

Source: AAO Preferred Practice Pattern, Adult Cataract
**Medicare Coverage Policy – Example**

The patient has impairment of visual function due to cataract(s) and the following criteria are met and clearly documented:

- Decreased ability to carry out activities of daily living including (but not limited to): reading, watching television, driving, or meeting occupational or vocational expectations; and
- The patient has a best corrected visual acuity of 20/50 or worse at distant or near; or additional testing shows one of the following:
  - Consensual light testing decreases visual acuity by two lines, or
  - Glare testing decreases visual acuity by two lines

Source: NGS LCD L26853

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**Medical Necessity**

- Patient survey
  - Activities of daily vision scale
  - VF-14
  - Pre-surgical questionnaire

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**Document Failure of Medication**

- Patient non-compliance
  - Lifestyle
  - Financial
  - Personality
- Patient contraindications
  - Health issues
  - Other medications
- Failure of medication

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**Operative Reports**

- Preop and postop diagnoses
- Indications for surgery
- Description of surgery
- Discharge instructions

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**Minor Procedure**

- What is a “minor” procedure?
  - Short postoperative period - 0 or 10 days

**Examples:**

- Intravitreal injection: 0 days
- FB removal: 0 days
- Laser trabeculoplasty: 10 days
- Peripheral iridotomy: 10 days
- Punctal occlusion w/ plugs: 10 days

Source: MCPM, Chapter 12, §40.1C
Common Minor Eye Surgeries
Medicare Utilization Patterns Ophthalmology (18)

<table>
<thead>
<tr>
<th>CPT</th>
<th>Procedure</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>67028</td>
<td>Intravitreal injection</td>
<td>12.2%</td>
</tr>
<tr>
<td>68761</td>
<td>Punctum occlusion, plug</td>
<td>1.4%</td>
</tr>
<tr>
<td>67820</td>
<td>Epilation, forceps</td>
<td>1.0%</td>
</tr>
<tr>
<td>65855</td>
<td>Laser trabeculoplasty</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Frequency is per 100 office visits (%) on Medicare beneficiaries
Source: CMS data (2013), 18 – Ophthalmology

Minor Surgery
Key Points

- Require sufficient chart documentation
- Subject to a global surgery package
- They have short postop periods (0, 10 days)
- Generally, includes the exam on the same day
  - Exception – exams for another reason unconnected with the minor procedure (needs modifier -25)

Office Visit & Minor Procedure

“CPT Modifier 25 – Significant Evaluation and Management Service By Same Physician On Date of Global Procedure
Pay for an evaluation and management service provided on the day of a procedure with a global fee period if the physician indicates that the service is for a significant, separately identifiable evaluation and management service that is above and beyond the pre- and post-operative work of the procedure.”

Source: MCPM, Chapter 12, §40.2.A8

Office Visit & Minor Procedure

“Evaluation and Management Service Resulting in the Initial Decision to Perform Surgery
...where the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine preoperative service and a visit or consultation is not billed in addition to the procedure.”

Source: MCPM, Chapter 12, §40.2A4

Medicare Expected Frequency

- Modifier -24 2%
- Modifier -25 12%
- Modifier -57 1%

- Based on Medicare paid claims for office visits (920xx, 992xx)
- Considers all ophthalmologists, not just retina
- Subspecialists’ utilization likely varies
- Requires supportive documentation

Source: CMS data (2013), 18 – Ophthalmology

Modifier -25

- Use modifier -25
  - Est. patient with ≥2 problems
  - OD vs. OS
  - Anterior vs. posterior seg
  - Eye vs. systemic dx
  - Multiple eye conditions
- Don’t use modifier -25
  - Decision for surgery
  - Only one reason for exam
  - Special case - new patients
Laser Surgery

- Cornea – 65450
- Anterior chamber – 65855
- Iris, Ciliary Body – 667xx
- Lens – 66821
- Retina – 67xxx
- Eyelids – 678xx, 679xx
- Conjunctiva – 68135
- Lacrimal – 68760

Laser Surgery

- 65855 – Laser trabeculoplasty (10 day)
- 67221 – Ocular photodynamic therapy (0 day)
- 68760 – Closure of lacrimal puncta by laser (10 day)

Laser Surgery

Multiple Treatments

- “…one or more sessions (defined treatment series)”
- One charge for the total procedure
  - PRP
  - Re-treatments

Laser Reports

- Indications
- Preop medications
- Type of laser, wavelength
- Power or energy
- Size and number of applications (spots)
- Duration of laser
- Placement of photocoagulation
- Discharge instructions

Injections

- 11900 – Intralesional (up to/including 7 lesions)
- 64612 – Chemodenervation (for blepharospasm)
- 67028 – Intravitreal
- 67500 – Retrobulbar
- 67505 – Retrobulbar (alcohol)
- 67515 – Injection into Tenon’s capsule
- 68200 – Subconjunctival

Coverage of Injections

- Treating a complication of surgery
  - No claim for injection (part of the global surgery package)
  - Claim for medication (Jxxxx)
- Treating primary disease unrelated to surgery
  - Claim for injection
  - Claim for medication (Jxxxx)
- Planned as a staged procedure during postop
  - Claim for injection (-58)
  - Claim for medication (Jxxxx)

Source: CPT
**Injected Medications**

- Separate reimbursement for injected medications
- HCPCS codes
- May vary based on amount injected
- Pay attention to units listed in HCPCS description

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**Skin Lesion Removal**

- Benign (114xx)
  - Size
  - Usually cosmetic
- Malignant (116xx)
  - Size
  - Pathology report
- Skin tags (11200)
  - 11201 in conjunction with 11200
  - Use ABN when coverage is doubtful

  
  \(^1\) Exception: constantly irritated, obstructs vision, recurrent trauma

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**Site of Service Differential**

- Applies to major and minor procedures
- Reduces professional component when procedure is performed outside physician’s office
- Reimbursement differential varies by procedure
- If no ASC facility fee exists, no reduction is applied

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**NCCI**

- National Correct Coding Initiative
  - Bundles / Mutually exclusive
  - Quarterly publication
- Published at www.cms.gov/physicians/cciedits/

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**NCCI Edits**

- Procedure Bundles
  - 66984 00142 00144 36000 36410 37202 62318 62319
  - 64415 64416 64417 64450 64470 64475 64400
  - 64426 65426 65750 65755 65772 65775 65805
  - 65810 65850 65860 65865 65870 65875 65880
  - 66020 66030 66250 66500 66505 66600 66605
  - 66625 66630 66635 66680 66820 66821 66825
  - 67005 67010 67500 67505 67515 67715 68200
  - 69990 90780

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**Medically Unlikely Edits (MUEs)**

- Automated prepayment edits designed to prevent inappropriate reimbursement

  "An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System / Current Procedural Terminology (HCPCS / CPT) code billed by a provider on a date of service for a single beneficiary."

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Source: Federal Register Vol 66, No 212, p 55264-5

\(^1\) Place of service is 24 (ASC)

Source: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html
Medically Unlikely Edits (MUEs)

- MUEs were inaugurated in 2007
- Date of Service (DOS) MUEs implemented April 1, 2013

"The total units of service (UOS) from all claim lines for a HCPCS / CPT code with the same date of service will be summed and compared to the MUE value."

Source: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html

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Claim Example

- Epilation on both left and right lower eyelids
- Claim is paid; does not "violate" the MUE limit of "1"

<table>
<thead>
<tr>
<th>mm/dd/yyyy</th>
<th>HCPCS/CPT Code</th>
<th>Practitioner Services</th>
<th>MUE Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/2023</td>
<td>67820-50 (Epilation)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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Claim Example

- Epilation on both left and right lower eyelids
- Claim is denied; "violates" the DOS MUE limit of "1"

<table>
<thead>
<tr>
<th>mm/dd/yyyy</th>
<th>HCPCS/CPT Code</th>
<th>Practitioner Services</th>
<th>MUE Values</th>
</tr>
</thead>
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<tr>
<td>11/01/2023</td>
<td>67820-RT (Epilation)</td>
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<td>1</td>
</tr>
<tr>
<td>11/01/2023</td>
<td>67820-LT (Epilation)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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Surgery Rules Quiz

Your patient had cataract surgery OD one week ago. Today, you find an allergic reaction to the postop meds. May you bill for this visit during the postop period?
Bill during postop  Yes? or No?
Your patient had cataract surgery OD one week ago. Today, you find marked reduction in VA. Your partner, a retina specialist, sees the patient, diagnoses CME and prescribes meds. May your partner bill for this visit during the postop period?

Modifier -25  Yes? or No?
Your patient had an eye exam one year ago for new glasses. Today, he complains of pain and FB sensation. During your slit lamp exam, you find a FB and remove it. The rest of the exam is unremarkable. Does modifier -25 apply?

Modifier -25  Yes? or No?
Your patient returns for a Plaquenil checkup. Today, he complains of chronic FB sensation. During your slit lamp exam, you find keratitis sicca from Sjogren’s syndrome. You perform punctal occlusion of LLL and RLL. Fundus exam is unremarkable. Does modifier -25 apply?

Modifier -25  Yes? or No?
Your patient returns for reevaluation of AMD OD. Today, he complains of chronic FB sensation. During your slit lamp exam, you find exudative AMD and perform intravitreal injection with Avastin in the OD today. Does modifier -25 apply?

Testing  Yes? or No?
Your patient had laser surgery for a retinal break 2 weeks ago. Today, during the postop visit, fundus photos were taken of the retinal repair. May you be reimbursed for these photos within the postop period?

Laser Surgery
Your patient had PRP in the OD 7 days ago. Today, you perform additional PRP in the same eye. How do you bill for today’s laser procedure?

a) 67040 – Vitrectomy with endo PRP
b) 67210 – Focal laser
c) 67228 – PRP
d) Do not bill
Surgery Rules
Quiz

Bill during postop  Yes?  or  No?
Your patient had cataract surgery OD one week ago. Today, you find an allergic reaction to the postop meds. May you bill for this visit during the postop period?

No
Care for complication not involving return to OR.

Bill during postop  Yes?  or  No?
Your patient had cataract surgery OD one week ago. Today, you find marked reduction in VA. Your partner, a retina specialist, sees the patient, diagnoses CME and prescribes meds. May your partner bill for this visit during the postop period?

No
Care for complication not involving return to OR by a member of the group.

Bill during postop  Yes?  or  No?
Your patient had an eye exam one year ago for new glasses. Today, he complains of pain and FB sensation. During your slit lamp exam, you find a FB and remove it. The rest of the exam is unremarkable. Does modifier -25 apply?
### Modifier -25  Yes? or No?

Your patient had an eye exam one year ago for new glasses. Today, he complains of pain and FB sensation. During your slit lamp exam, you find a FB and remove it. The rest of the exam is unremarkable. Does modifier -25 apply?

**No**
Decision for surgery. Only one problem.

### Testing  Yes? or No?

Your patient had laser surgery for a retinal break 2 weeks ago. Today, during the postop visit, fundus photos were taken of the retinal repair. May you be reimbursed for these photos within the postop period?

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### Modifier -25  Yes? or No?

Your patient returns for a Plaquenil checkup. Today, he complains of chronic FB sensation. During your slit lamp exam, you find keratitis sicca from Sjogren’s syndrome. You perform punctal occlusion of LLL and RLL. Fundus exam is unremarkable. Does modifier -25 apply?

**No**

### Modifier -25  Yes? or No?

Your patient returns for reevaluation of AMD OD. You examine only OD, find exudative AMD and perform intravitreal injection with Avastin in the OD today. Does modifier -25 apply?

**No**
Decision for surgery. Only one problem.

---

### Modifier -25  Yes? or No?

Your patient returns for a Plaquenil checkup. Today, he complains of chronic FB sensation. During your slit lamp exam, you find keratitis sicca from Sjogren’s syndrome. You perform punctal occlusion of LLL and RLL. Fundus exam is unremarkable. Does modifier -25 apply?

**Yes**
≥2 problems. Eye vs. systemic dx. Anterior vs. posterior segment.
Testing Yes? or No?

Your patient had laser surgery for a retinal break 2 weeks ago. Today, during the postop visit, fundus photos were taken of the retinal repair. May you be reimbursed for these photos within the postop period?

No

Photos of the repair are not considered diagnostic or medically necessary

Laser Surgery

Your patient had PRP in the OD 7 days ago. Today, you perform additional PRP in the same eye. How do you bill for today’s laser procedure?

a) 67040 – Vitrectomy with endo PRP
b) 67210 – Focal laser
c) 67228 – PRP
d) Do not bill

Laser Surgery

Your patient had PRP in the OD 7 days ago. Today, you perform additional PRP in the same eye. How do you bill for today’s laser procedure?

d) Do not bill

“One or more sessions” rule applies

More help...

For additional assistance or confidential consultation, please contact us at:

(800) 399-6565
or
www.CorcoranCCG.com