American Association of Neurological Surgeons

**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS**
**CONGRESS OF NEUROLOGICAL SURGEONS**

CNS

# GLOBAL SURGERY CODE ALERT

| To Neurosurgeons In: | | |
|---|---|---|
| **Florida** | **Nevada** | **Ohio** |
| **Kentucky** | **New Jersey** | **Oregon** |
| **Louisiana** | **North Dakota** | **Rhode Island** |

**Starting on July 1, 2017**, the Centers for Medicare & Medicaid Services (CMS) is requiring that certain neurosurgeons in the nine states listed above to report the number of post-operative visits that they provide related to particular neurosurgical procedures. This reporting requirement applies to **any group of 10 or more** practitioners (not just surgeons) for all visits (in-hospital and outpatient) during the 10- and 90-day global period.

CMS is concerned about the accuracy of the values assigned to 10- and 90-day global codes. Specifically, the agency is questioning whether the number and level of postoperative visits currently included in the reimbursement for global codes are an accurate reflection of the care that is actually provided. CMS will use these claims to verify that services rendered by neurosurgeons in the post-surgical global period accurately reflect current values.

**We strongly encourage neurosurgeons in these nine states to report all postoperative visits that occur — both in the hospital and after discharge — during the 10- and 90-day global periods. Each of these services should be billed just like a typical clinic or hospital visit using CPT 99024.**

This is a significant change and an unfunded reporting mandate. Previously, no billing during the global period was required, and many surgeons may not routinely track their in-hospital visits for patients after surgery. However, **accurately reporting this information will be vital to demonstrate the extent of postoperative care neurosurgeons provide to our patients.**

The neurosurgery codes affected by this new rule, and the visits included in the global period, are:

| CPT Code | Spinal Procedures | Current "built-in" visits during the global period |
|---|---|---|
| 20926 | Fat graft harvest | 1 hospital, 3 office |
| 22513 | vertebroplasty/kyphoplasty, thoracic | 0 hospital, 1 office |
| 22514 | vertebroplasty/kyphoplasty, lumbar | 0 hospital, 1 office |
| 22551 | ACDF | 1 hospital, 3 office |
| 22558 | anterior interbody arthrodesis, lumbar | 3 hospital, 4 office |
| 22600 | posterior arthrodesis, cervical | 6 hospital, 4 office |
| 22612 | posterior arthrodesis, lumbar | 3 hospital, 3 office |
| 22630 | PLIF | 3 hospital, 4 office |
| 22633 | PLIF + posterior arthrodesis, lumbar | 1 hospital, 3 office |
| 22830 | Exploration of spinal fusion | 2 hospital, 3 office |
| 62264 | Epidural lysis on single day | 1 hospital, 0 office |
| 63030 | Microdiscectomy | 2 hospital, 3 office |
| 63042 | Lumbar Laminectomy re-exploration | 3 hospital, 3 office |
| 63045 | Cervical laminectomy | 1 hospital, 3 office |
| 63047 | Lumbar laminectomy | 2 hospital, 3 office |
| 63056 | Transpedicular lumbar decompression | 6 hospital, 3 office |
| 63081 | Cervical corpectomy | 9 hospital, 3 office |

| CPT Code | Cranial Procedures | Current "built-in" visits during the global period |
|---|---|---|
| 61312 | Craniotomy for hematoma, epidural/subdural | 11 hospital, 2 office |
| 61510 | Craniotomy, tumor, intra-axial, supratentorial | 4 hospital, 4 office |

| CPT Code | Vascular Procedures | Current "built-in" visits during the global period |
|---|---|---|
| 35301 | Carotid endarterectomy | 2 hospital, 2 office |

| CPT Code | Peripheral Procedures | Current "built-in" visits during the global period |
|---|---|---|
| 63650 | Percutaneous epidural lead placement | 0 hospital, 1 office |
| 63685 | Pulse generator insertion/replacement | 0 hospital, 1 office |
| 64555 | Percutaneous lead placement, peripheral nerve | 0 hospital, 1 office |
| 64561 | Percutaneous lead placement, sacral nerve | 0 hospital, 1 office |
| 64581 | Open lead placement, sacral nerve | 0 hospital, 1 office |
| 64590 | Pulse generator insertion/replacement (peripheral or gastric nerve) | 0 hospital, 1 office |
| 64633 | Cervical/thoracic facet block | 0 hospital, 1 office |
| 64635 | Lumbar facet block | 0 hospital, 1 office |
| 64718 | Ulnar nerve transposition | 0 hospital, 4 office |
| 64721 | Carpal tunnel release | 0 hospital, 3 office |

**Why only these codes?**
The codes chosen are reported annually by more than 100 practitioners and are reported more than 10,000 times or have allowed charges more than $10 million annually. Globally (not just neurosurgery) the codes selected by CMS account for 87 percent of all furnished 10- and 90-day global services and about 77 percent of all Medicare expenditures for 10- and 90-day global services under the physician fee schedule.

**What happens if I don't submit these claims?**
Currently, there is no penalty for not reporting if you are in one of the nine states, but CMS may impose the 5 percent payment withhold in the future. **However, if neurosurgeons don't report, CMS may conclude that the codes are incorrectly valued because of faulty data — leading to steep payment cuts in the future for you and all neurosurgeons across the country!**

**Where can I get more information?**
CMS has a variety of resources available on the agency's website:

- Click here to go to the CMS webpage on Global Surgery Data Collection
- April 25 CMS call Global Surgery: Required Data Reporting for Post-Operative Care. Click here for the audio recording and here for the transcript.
- Global Surgery Data Collection Presentation is available by clicking here.

AANS/CNS Washington Office staff is also available to assist you:

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***** Please Accurately Report the Work You Do by Submitting All Your Claims for 99024 *****

**With Good Data We Can Demonstrate the Value of Neurosurgical Services and Preserve Timely Patient Access to Neurosurgical Care!**