

**UPDATE**



# neurosurgery

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## **Neurosurgeons Urge CMS to Scrap Medicare's Proposed Global Surgery Reporting Requirements**

*Surgical Coalition Survey Reveals Costly, Burdensome Plan will Wreak Havoc on Surgeons' Practices*

WASHINGTON—In [comments submitted](#) to the Centers for Medicare & Medicaid Services (CMS), the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) urged the agency to abandon its global surgery data collection proposal. Currently, Medicare pays neurosurgeons a single fee when they perform complex procedures such as back surgery, brain tumor removal, cerebral aneurysm surgery and other neurosurgical procedures. This single fee covers the costs of the surgery plus all follow-up care within a 10- or 90-day timeframe. According to section 523 of the Medicare Access and CHIP Reauthorization Act (MACRA), Congress required CMS to gather information needed to value surgical services from a "representative sample" of physicians.

Unfortunately, CMS has disregarded the law, and in the proposed 2017 Medicare Physician Fee Schedule, the agency has included a sweeping mandate that will require surgeons to use an entirely new set of "G-codes" to document the type, level and number of *every* pre- and postoperative visit furnished during the global period of *every* surgical procedure — rather than a representative sample, as directed by Congress. Under this system, surgeons would be required to report on each 10-minute increment of services provided.

To demonstrate the enormity of this task and its impact on patient care delivery, the surgical community [conducted a survey](#) to collect information on the feasibility of this unfunded data collection plan. According to the survey, which was completed by 7,071 physicians from approximately 25 specialties, surgeons will face significant challenges integrating the proposed new G-codes and data collection processes into their practices. In an attempt to comply, most physicians will have to make major changes in their practice operations, including:

- Making modifications to electronic health record (EHR) and billing systems (85.9%);
- Incurring additional physician (88.8%) and staff (75.7%) time spent on tracking and processing global surgery information into EHR and billing systems;
- Developing new methods for tracking and collecting global surgery visit work (82.8%); and
- Using additional technology, such as handheld devices or stopwatches, to document time spent providing global surgery services (46.4%).

All of these practice changes will come at a significant cost to surgical practices. Nearly 40 percent of respondents anticipate it will cost them between \$25,000 to \$100,000, and another 15 percent estimate they will spend more than \$100,000 on compliance. These costs include modifications to EHR and billing systems, staff costs, loss of productivity and the like.

"While CMS and its contractors may simply be able to flip the switch to incorporate the new G-codes into their claims processing systems, not surprisingly, most surgeons foresee compliance problems with the new global surgery codes," remarked AANS president, Frederick A. Boop, MD, FAANS, chair of the department of neurosurgery at the University of Tennessee in Memphis, Tenn. "This is a costly and burdensome initiative that will likely yield incomplete and unreliable information," Dr. Boop added.

CNS president, Russell R. Lonser, MD, FAANS, chair of the department of neurosurgery at The Ohio State University in Columbus, Ohio, pointed out, "Neurosurgeons do not deliver care in 10-minute increments, and we do not time our services using a stop-watch. We do what is necessary to help our patients get better. To require surgeons to focus on the clock, rather than on our patients, for the purposes of complying with this data collection effort is just senseless. It simply will not benefit Medicare beneficiaries or the government in any way."

[Click here](#) for a copy of "Survey on Global Surgery Data and Reporting Requirements: Report on Medicare's New Coding Proposal and the Impact on Surgeons and their Practices."

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*The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit [www.aans.org](http://www.aans.org) or [www.cns.org](http://www.cns.org), read our blog [www.neurosurgeryblog.org](http://www.neurosurgeryblog.org), follow us on [Twitter](#) or connect with us on [Facebook](#).*