The Medicare Global Surgical Package Concept

AudioEducator

Presented By:

Duane C. Abbey, Ph.D., CFP
Abbey & Abbey, Consultants, Inc.
Duane@aaciweb.com
http://www.aaciweb.com
http://www.APCNow.com
http://www.HIPAAAMaster.com

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Presentation Faculty

Duane C. Abbey, Ph.D., CFP – Dr. Abbey is a healthcare consultant and educator with over 20 years of experience. He has worked with hospitals, clinics, physicians in various specialties, home health agencies and other health care providers.

His primary work is with optimizing reimbursement under various Prospective Payment Systems. He also works extensively with various compliance issues and performs chargemaster reviews along with coding and billing audits.

Dr. Abbey is the President of Abbey & Abbey, Consultants, Inc. A wide range of consulting services is provided across the country including charge master reviews, APC compliance reviews, in-service training, physician training, and coding and billing reviews.

Dr. Abbey is the author of eleven books on health care, including:
- “Non-Physician Providers: Guide to Coding, Billing, and Reimbursement”
- “Emergency Department: Coding, Billing and Reimbursement”, and
- “Chargemasters: Strategies to Ensure Accurate Reimbursement and Compliance”.

His most recent books are: “Compliance for Coding, Billing & Reimbursement A Systematic Approach to Developing a Comprehensive Program”, “Introduction to Healthcare Payment Systems”, and “The Medicare Recovery Audit Contractor Program” are available from the CRC Press a Division of Taylor and Francis.
Medicare GSP
Introduction

➢ GSP Frequently Asked Questions

- What is a global surgical package?
- Does this apply only to physicians or to hospitals as well?
- Who determines the post-operative periods?
- What if more than one physician is involved?
- What about assists at surgery?
- Does the GSP apply to endoscopic procedures?
- How does Medicare determine the post-operative percentage?
- What about pre-surgery H&Ps?
- How does anesthesia fit into the GSP?
- What modifiers must (can) be used?
- Do others besides Medicare use the GSP concept?
Medicare GSP
Objectives

- To review the general concept of the global surgical package (GSP).
- To review the Medicare GSP for Use with the Medicare Physician Fee Schedule
- To provide examples and case studies on coding for physicians relative to the Medicare GSP.
- To review the global surgical concept for APCs (Ambulatory Payment Classifications).
- To review the global surgical concept for MS-DRGs (Medicare Severity Diagnosis Related Groups)
- To understand the many different ways that the Medicare program bundles or packages services relative to surgeries.
- To appreciate associated processes such as the use of the “-25” and “-59” modifiers.
- To understand that private third-party payers also have GSPs with possibly different definitions.
Medicare GSP
Introduction

Medicare’s GSP for Physician Payment

- Rather strange package that should be called the Global Surgeon Package.
  - The focus of this payment process focuses on services as provided by the surgeon.
  - If services are provided by a different physician, then generally separate payment is provided.

- The most complicated aspect of this package is the post-operative services and possible transfer of care.
  - For Medicare, transfer of care is a formal process that must be documented by the physicians in writing.
  - What if there are informal transfers or simply coverage of services by a different physician?
Medicare GSP
Introduction

- GSP and Anesthesiologists
  - MDAs and CRNAs (and AAs) are paid through a different, but related mechanism relative to MPFS.
    - Base Units + 15-Minute Time-Units
    - Multiplied Times a Geographically Adjusted Conversion Factor
  - Is there an anesthesiology package?
    - Yes, but exactly what is included? Who has what responsibility?
    - How does this package relate to the physician GSP?

- GSP and Hospital Services
  - There is no GSP, per se, for hospitals.
  - Inpatient
    - Length of Stay
    - DRG Pre-Admission Window
  - Outpatient
    - Date-of-Service Driven
    - No Pre-Operative or Post-Operative Periods
Medicare GSP
Introduction

- Generally, what is included in the GSP?
  - Pre-Operative Visits Within Pre-Operative Window
  - Intra-Operative Services
  - ‘Normal’ Complications Following Surgery (No return trip to operating room.)
  - Post-Operative Visits
  - Post-Surgical Pain Management (Surgeon vs. Anesthesiologist vs. Other Physician)
  - Miscellaneous Services – Incisional care; removal of tubes, drains, casts, staples, lines; insertion of catheters, intravenous lines; etc.

- Generally, what is NOT included in the GSP?
  - Initial Consultation → See “-57” Modifier
  - Other Physicians – Unless formal transfer of care.
  - Unrelated Visits and Treatment for Other Conditions
  - Unrelated and Distinct Surgical Procedures (New Post-Op Period) → “-79” Modifier
  - Complications Requiring Return to Operating Room (Include Cardiac Cath Lab)
  - Unrelated E/M Services → See “-25” and “-24” Modifiers
  - Necessary Critical Care Services
Physician GSP Window – Pre-Operative

- Definition – Day before and up to the time of the day of the operative procedure. (Only for major surgeries, minor surgeries no pre-operative window.)
- If the surgeon (physician performing the surgery) provides any services related to the surgery within this pre-operative window, then payment is bundled into the payment for the GSP.
- Exception – If the surgeon is asked to consult on a case, particularly in the ED, and the surgeon makes the decision that surgery should be performed and the consult is within the pre-operative window, the surgeon will be paid separately for the E/M service.
  - The “-57”, Decision for Surgery, modifier must be used.
  - Note that the consult codes, for Medicare, are now gone, thus coding in this area will revert to either ER codes or outpatient visit codes (new vs. established).
- What about physicians other than the surgeon providing services related to the surgery during the pre-operative period?
Medicare GSP
GSP Window

Exercise – The Apex Medical Center has hired a Nurse Practitioner (NP) to perform pre-surgery H&Ps or updates to H&Ps in the surgery department in case a patient needs such services prior to surgery. The NP files claims professionally for this service.

- Will the NP be paid for these services?
- Will the hospital be paid for these services?
- Does this process impact the surgeon?

Exercise – Dr. Smith, a surgeon, is scheduled to provide Sam with an elective surgical procedure tomorrow. However, Sam is presenting with an unrelated problem which Dr. Smith addresses.

- Because this unrelated service is provided the day before the surgery, it is in the pre-operative period. How is Dr. Smith going to code, bill and be paid for this service?

Exercise – Dr. Clark, a family practice physician, is routinely used by Dr. Smith, a surgeon, to perform pre-surgery H&Ps. Today, Dr. Clark is performing a pre-surgery H&P on Sarah who is scheduled to have cataract surgery tomorrow.

- Will Dr. Clark be paid? Will Dr. Smith be affected?
Medicare GSP
GSP Window

- Physician GSP Window – Intra-operative
  - This is the time period that comprises the operative procedure.
  - When patient goes to recovery, surgeon is done and anesthesia takes over.

- Physician GSP Window – post-operative
  - Three Different post-operative Periods
    - 0-Day → Minor surgeries through existing body orifices
    - 10-Day → Minor surgeries
    - 90-Day → Major surgeries
  - When does the post-operative period start? End?
  - Who is responsible for the post-operative care?
  - How does transfer of post-operative care occur?
  - Does the patient have to be seen in the post-operative period?
Medicare GSP
Special Situations

- Critical Care → 99291-99292
  - May be paid separately if:
    - Patient is critically ill and requires constant attendance, and
    - Critical care is unrelated to the surgery.
  - See the “-25” and “-24” modifiers – Critical care is an E/M service.
  - Documentation must be provided indicating the separate nature of the critical care services.

- Unrelated E/M Services in the Post-Operative Period
  - See the “-24” Modifier → Utilization is straightforward.

- Significant, Separately Identifiable E/M Service on Date of Surgery
  - This is the “-25” modifier
  - Of concern primarily for minor surgeries.
  - CMS presumes that for minor surgeries any E/M services are part of the GSP payment for the surgery, that is, evaluation and management for the surgical procedure.
    - Do you think this is true?
Medicare GSP
Special Situations

Exercise – On Monday Dr. Brown, a family practice physician, removed several lesions for Sam. This was a minor surgery, but it did invoke the 10-day post-operative period. Sam is now presenting on Friday with a headache and sinus congestion. Dr. Brown treats Sam and provides a prescription.

- What special steps will Dr. Brown need to take in billing for the E/M services on Friday?

Exercise – Dr. Brown has taken over post-operative care for Sarah. She had a major surgery and Dr. Brown is providing services during the 90-day post-operative period. However, Sarah has needed no post-operative services, but a month after the surgery she presents with gastroenteritis and is treated. Sarah is not seen for the remainder of the 90-day post-operative period.

- Will Dr. Brown be paid for the post-operative care?
- Is there anything special that Dr. Brown will need to do for the E/M service relative to the gastroenteritis?
Medicare GSP
Special Situations

➢ Exercise – Dr. Carver is a dermatologist. Today Sarah has been referred for removal of some questionable lesions. Because Dr. Carver has never seen Sarah, she performs an upper body Integumentary examination to make certain that there are no other problems. Dr. Carver finds no other problems and then proceeds to remove three lesions.

  ▪ Comment to an E/M level with the “-25” modifier.

➢ Exercise – Sarah is presenting to the Apex Medical Center’s ED. She has sustained a simple laceration on her right hand while preparing a meal. There are no other presenting problems. The ER nurse examines her, cleanses the wound, gets a suture tray and has the ER physician come in and place a suture along with some skin adhesive.

  ▪ Comment to both the ER physician coding and the hospital coding in this case. Be careful to make certain the hospital performed the EMTALA mandated MSE (Medical Screening Examination) service.
Medicare GSP
Coding, Billing & Reimbursement

- CPT Modifiers
  - “-54” – Intra-operative
  - “-55” – post-operative
  - “-56” – pre-operative
    - Note that these three modifiers are not really in order. They were developed historically as they were needed.

- MPFS Percentages
  - The pre-operative, Intra-operative and post-operative components have payment percentages assigned to them through RBRVS.
  - For instance:
    - pre-operative – 10%
    - Intra-operative – 70%
    - Post-Operative – 20%
  - CMS does not recognize the pre-operative component, but it is still there. For payment purposes the pre-operative and Intra-operative percentages are combined.
Medicare GSP
Coding, Billing & Reimbursement

- Coding and Billing for Post-Operative Services
  - **0-Day post-operative** – No real problem coding and billing because anything after the date of the service is separately paid. What if services are provided on the date of the procedure but after the patient has been discharged? (Assuming services at a hospital.)
    - Surgeon simply bills for the surgery services.
    - There is no transfer of post-operative care.
  - **10-Day post-operative** – Minor surgeries.
    - Rarely is there a formal transfer of care.
    - For some cases, the patient will not be seen during the post-operative period.
    - Generally, if a physician different from the surgeon (or associated group of physicians) provides post-operative care, the physician codes and bills using an E/M visit level.
      - ▶ Is this proper and appropriate?
      - ▶ Could there be a formal transfer of care?
Exercise – Sarah is presenting to the Apex Medical Center’s ED. She has a simple laceration on the arm that will require suturing and skin adhesives to repair. The laceration is repaired.

- She is told to return to the ED to have the sutures removed in 5-7 days.

- Alternatively, she is told to go to her primary care physician to have the sutures removed in 5-7 days.

• Will the ER physician code differently for these two cases?

• How will the primary care physician code and bill for these post-operative services?
Exercise – Sam had a cardiac catheterization early this morning using a left femoral puncture. The results of the catheterization were quite favorable. However, later in the day he is having some problems with bleeding at the puncture site.

- He goes to his local clinic and the family practice physician orders the nurse to reapply the pressure dressing.

- Alternatively, he goes back to Apex and is encountered by nursing staff that reapply the pressure dressing.

• How will these services be coded and billing by the family practice physician?

• How will the hospital code and billing for the services they provided?
Exercise – A dermatologist visits the Apex Medical Center once a month and occasionally twice a month. During these visits minor dermatological surgeries are often performed. Because the dermatologist is not available after the visits, the standard policy is for any patients requiring post-operative care that they see the nurse practitioner that serves as a hospitalist at the hospital. This protocol has been documented through the Medical Staff Organization.

- Will this arrangement affect the coding and billing on the part of the dermatologist?

- How will the hospitalist code and bill for services?

- Would it make any difference if Apex were a critical access hospital using Method II?
Coding and Billing for Post-Operative Services

- 90-Day post-operative Period
  - Outpatient
    - Starts the day after surgery.
    - Ends after 90 days.
    - Post-operative percentage may be split if there is formal transfer of care. (Pro-rata based on 90 days.)
    - For other physician to be paid, must see patient.
  - Inpatient
    - Starts the day after surgery.
    - Special period for in-hospital post-operative care.
    - Ends after 90 days.
    - The post-inpatient post-operative care may be split if there is formal transfer of care. (Pro-rata based on 90 days.)
    - For other physician to be paid, must see patient.
    - Inpatient post operative care may be provided by another physician and billed using hospital visit codes.
Medicare GSP
Coding, Billing & Reimbursement

Exercise – Sarah has had a major surgery. The surgeon provides post operative care for the first 30 days. The surgeon goes on vacation and transfers care to a primary care physician for the next 30 days (in writing). The surgeon returns and resumes post operative care (in writing) for the final 30 days in the overall 90 day post-operative period.

- Delineate how the two physicians should code, bill and will then be reimbursed for these services.

- Is there any additional information that you need in order to fully address this exercise?

  • Presume that the surgery pays $1,000.00 and that the pre/intra/post split is 10%-70%-20%.
Medicare GSP
Coding, Billing & Reimbursement

Exercise – A general surgeon performs surgery at the Apex Medical Center on Tuesday each week. Otherwise the surgeon is at other hospitals during the rest of the week. The surgeon does see patients post-operatively, but does not provide inpatient post-operative services. Apex has a hospitalist who provides pre-surgery H&Ps, who also provides in-hospital post-operative case, and can, if requested by the surgeon, provide post-operative care on an outpatient basis.

- Analyze how the surgeon and the hospitalist will or will not be paid.
- Are there any special coding conventions that must be followed?
Medicare GSP
Anesthesia Package

- Anesthesiologist, CRNAs and AAs
  - Anesthesia Package ↔ Defined in the NCCI Edit Coding Policies
    - pre-operative Evaluation
    - Standard Preparation and Monitoring
    - Administration of Anesthesia
    - Post-Anesthesia Recovery Care
- Anesthesia Services
  - Administration of Anesthetic, Medications, Blood, Fluids, Monitoring and Other Supportive Services
  - Anesthesia responsibility ends when the patient is placed in post-operative care
    ✓ So when does the post-operative period begin?
    ✓ Who is responsible for the post-operative care?
  - What about PCA (Pain Controlled Analgesic)?
  - What about injections/infusions during recovery?
    ✓ Physician vs. Hospital Concerns
Medicare GSP
Anesthesia Package

- Exercise – At the Apex Medical Center, a Pre-Operative Clinic has been established. Patients who are schedule for surgery come to the clinic several days before the operative procedure. Various tests are performed, the MDA or CRNA evaluates the patient, and instructions are given. Sam is scheduled to have an elective surgery and has gone through the services at the clinic. Unfortunately, his surgery has to be postponed for a month. (Note: This is a provider-based clinic.)

- Discuss how the anesthesiologist will be paid for the pre-operative assessment.

- Discuss how the hospital will be paid for the technical component of the services provided.
Fundamentally, there is no GSP for hospital surgical services.

- **Outpatient**
  - Under APCs everything is limited to the date-of-service for the surgical procedure.
  - Thus, anything before or after the date-of-service is separately payable. (Well, in theory.)

- **Inpatient**
  - Length-of-Stay Concept
  - DRG Pre-Admission Window (Weak Pre-Operative Period)
    - If there are services provided to the patient on an outpatient basis, then the bundling rules for billing under DRGs must be met.
      - All Diagnostic, and
      - Related Therapeutic.
Medicare GSP
Hospital Correlation to GSP

- Exercise – Sam is schedule to have major surgery that will involve remaining in the hospital for several days. Sam does go through the Pre-Surgery Clinic for diagnostic tests and the anesthesiology assessment. Both Sam and his wife are instructed on the process, when and where he should report and what he can expect relative to his stay.

  - Discuss how the DRG Pre-Admission Window applies or does not apply in this case.
    - Consider Sam coming four days before the surgery.
    - Consider Sam coming two days before the surgery.

  - What if the surgery is cancelled?
  - What if the surgery is performed at another hospital?
Medicare GSP
Additional Considerations

Return Trips to Operating Room & ‘Complications Rule’

- Medicare does not like to pay for ‘normal’ complications.
  - This concept is a little hard to define.
- If additional procedures must be performed to address complication that occur during the original surgery, then these are paid through the multiple surgery discounting process.
- Additional surgeries that require a return to the operating room on the same day are paid through the ‘complications rule’.
  - Complications Rule → Medicare pays the value of the intra-operative services of the surgery performed to treat the complications.
- Similarly, if the patient is returned to the operating room during the post-operative period (different day) for additional procedures to treat complications, then payment is made under the Complications Rule.
  - See the “-78” modifier, Unplanned Return to Operating Room by Same Physician for Related Procedure.
  - If the “78” modifier is used, then payment is based on the Complications Rule (i.e., intra-operative percentage).
Medicare GSP
Additional Considerations

- Exercise – Sydney is at the Apex Medical Center for a surgical procedure. The procedure appears to proceed appropriately. However, later in the day, Sydney must be returned to the operating room where two additional procedures must be performed. These are related to the original surgery. How will the surgeon be paid?

  - Assume the following:
    - Original Surgery - $1,000.00 – Pre/Intra/Post Split 10%-70%-20%
    - First Additional - $700.00 - Pre/Intra/Post Split 10%-70%-20%
    - Second Additional - $500.00 - Pre/Intra/Post Split 10%-70%-20%

  - What if one of the additional surgeries was bilateral? This is, does the 50% reduction apply?

- What about the hospital?
  - DRGs vs. APCs
  - What if the return were the next day? Assume Sydney was in observation and not an inpatient.
Medicare GSP  
Additional Considerations  

- Return to Operating Room for Unrelated Procedure During Post-Operative Period Same Physician  
  - Use the “-79” to gain payment.  

- Assist At Surgery  
  - For certain surgical procedures, Medicare will pay for an assistant at surgery.  
  - The surgeries that so qualify are indicated in the RBRVS table.  
  - Payment is 16% of the surgeon’s payment.  
  - Does not include pre-operative or post-operative payments.  

- Multiple Surgeries  
- Bilateral Surgeries  
- Co-Surgeons & Team Surgeons
Medicare GSP
Additional Considerations

- Exercise – Dr. Clark, a general surgeon, has a Physician’s Assistant. There is a surgery scheduled and the PA performs the following services:

  - Performs the pre-surgery H&P,
  - Assists at surgery,
  - Performs the in-hospital post-operative care for three days,
  - Provides post-operative care after discharge from the hospital.

  - Assuming a 90-day post operative period and a payment to the surgeon of $1,000.00 with a Pre/Intra/Post Split 10%-70%-20%.
  - Indicate any assumptions you make in calculating the various payments.
Medicare GSP
Summary and Conclusion

- The Medicare GSP For Physicians Is Quite Complicated
  - As such, it is a potential compliance and overpayment area.

- Three Different Components
  - Pre-Operative ("-56" Modifier)
  - Intra-Operative ("-54" Modifier)
  - Post-Operative ("-55" Modifier)

- Payment Percentages Through RBRVS
- Really a Global Surgeon Policy
- Anesthesia Package
- Normal Complications and the Complications Rule
- Significant Use of Modifiers
- Relationship Between Physicians and Other Providers
- Hospital Surgical Package – Quite Different, Not Well Defined
  - Physician GSP Concepts Tend to Migrate to Hospital Side
- Other Private Third-Party Payers Have GSPs That Are Sometimes Quite Different
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