

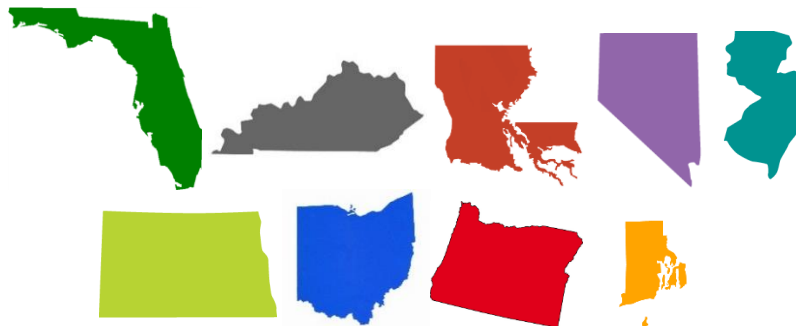
## 2017 Global Surgery Data Collection

The CY 2017 Medicare Physician Fee Schedule final rule requires data collection on post-surgical care from physicians in **practices of 10 or more practitioners located in specific states and furnishing certain high-volume 10- and 90-day global procedures, including several ophthalmic services.** The practitioners in the identified states are **required to report all post-operative visits furnished during the global period of these procedures using CPT code 99024 beginning July 1, 2017.** CMS will also conduct a separate survey on post-operative care furnished in the global period.

This final policy is the result of ASCRS and surgical community advocacy to prevent CMS finalizing its proposed policy, which was much more onerous and would have required all physicians furnishing global services to report on all post-operative care in 10-minute increments using G codes. We continue to seek guidance from CMS related to the final policy, and are requesting a delay in implementation until that guidance is provided.

### Which States are Included in the Data Collection?

Physicians practicing in the following states are required to report post-operative visits: **Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island.**



### What Am I Required to Report?

CMS is requiring practitioners who are part of groups of **10 or more practitioners**, and who practice in any one of nine specified states, to report **CPT code 99024** for every post-operative visit that they provide to Medicare Part B patients related to any code on a list of 293 10- and 90-day global codes specified by CMS.

Practitioners are defined as physicians and non-physician practitioners, including those working under physician supervision. Group size is defined as “a group whose business or financial operations, clinical facilities, records, or personnel are shared by two or more practitioners (not necessarily at the same address).” Every practitioner in a group subject to the requirement who provides post-operative care, such as for co-management, is also included. This mandatory data collection **begins July 1, 2017.**

### Does this Policy Include Co-Management?

Reporting is also required when a post-operative visit is furnished by another practitioner, either in the same practice or in another practice. Procedures co-managed by another practitioner in the same practice as the surgeon (that was subject to the data collection requirements) should continue to code 99024. For procedures where post-operative care is performed by another practitioner in another group, the practitioner who assumes post-operative care should submit 99024 claims for post-operative visits if they meet other sampling requirements (i.e., state, practice size).

## What Procedures are Included in the Data Collection Requirement for CY 2017?

CMS has developed a list of procedures that are furnished by more than 100 practitioners and are either nationally furnished more than 10,000 times annually, or have more than \$10 million in annual allowed charges. **The ophthalmic codes that are required for reporting include the following:**

Code	Code Description
15823	Revision of upper eyelid
65756	Corneal trnspl endothelial
65855	Trabeculoplasty laser surg
66170	Glaucoma surgery
66179	Aqueous shunt eye w/o graft
66180	Aqueous shunt eye w/graft
66711	Ciliary endoscopic ablation
66761	Revision of iris
66821	After cataract laser surgery
66982	Cataract surgery complex
66984	Cataract surg w/iol 1 stage
67036	Removal of inner eye fluid
67040	Laser treatment of retina
67041	Vit for macular pucker
67042	Vit for macular hole
67108	Repair detached retina
67113	Repair retinal detach cplx
67145	Treatment of retina
67210	Treatment of retinal lesion
67228	Treatment x10sv retinopathy
67255	Reinforce/graft eye wall
67800	Remove eyelid lesion
67840	Remove eyelid lesion
67900	Repair brow defect
67904	Repair eyelid defect
67917	Repair eyelid defect
67924	Repair eyelid defect
68760	Close tear duct opening
68761	Close tear duct opening
68801	Dilate tear duct opening
68810	Probe nasolacrimal duct
68840	Explore/irrigate tear ducts

## What Will CMS do with the Collected Information and What are Next Steps?

CMS' final rule requires that beginning in 2019, the information collected must be used to improve the accuracy of the valuation of surgical services. ASCRS and the surgical community have many concerns with CMS' global data surgery collection and are working to delay the implementation. We will keep you updated.

## Additional Resources

For additional information, you can contact Allison Madson at [amadson@ascrs.org](mailto:amadson@ascrs.org) or 703-591-2220.