

Current CMS Survey of Surgeons Regarding Post-Operative Visits

Some AAHKS members have received or will receive a communication from CMS (Kathy Bryant, Senior Technical Advisor, Hospital and Ambulatory Payment Group) regarding required completion of a survey related to post-operative visits under CPT code 27130 (for total hip arthroplasty).

Reasons for CMS Data Collection

For many surgeries, Medicare payment to physicians also covers a bundle of post-operative visits anchored on a surgery date. In 2014, CMS proposed transforming all 10- and 90-day global surgery packages to 0-day global packages. Under this policy, physicians would bill separately for any post-operative visits after the day of surgery. CMS was concerned over the accuracy of payment for post-operative care. In 2015 Congress legislatively blocked the CMS from implementing its proposal and instead directed CMS to develop a process to gather the necessary data to appropriately value post-operative care for all surgical codes, specifically including the “number and level” of visits in the global period.

Claims-based Data and Survey Data

CMS began collecting claims-based data on post-operative visits in 2017. In 2018, CMS began collecting data on pre- and post-operative services through direct survey. CMS’s projected sampling frame includes approximately 5,000 practitioners, stratified by specialty, geography, and practice type, with at least 311 (high volume utilizers) reporting practitioners from each specialty. Similar surveys regarding additional codes may follow: 27125, 27134, 27235, 27446, 27447, 27486, and others.

Relation to “Potentially Misvalued Codes”

This data collection effort is separate from CMS’s review, along with the AMA RUC, of CPT codes 27447 and 27130 as potentially misvalued. While CMS’s examination of all surgical post-operative visits began in 2015, the review of TJA codes specifically was initiated in 2018 under CMS’s process for public stakeholders to nominate CPT codes for review as potentially misvalued.

CMS Action Based on Surveys

It is important to note that at this time CMS is only collecting data. CMS may seek to determine if an industry-wide shift of surgical procedures from inpatient to outpatient settings, along with shorter lengths of stay, may affect the number of post-operative office visits and type of care provided during such visits. However, any CMS proposal to change the value of, or services included within, a surgical code must be subject to advance notice providing the public an opportunity to evaluate and comment.