



NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



NGSMedicare University Virtual Conference

Medicare 2021

A Journey to a Healthier Future and Partnership

Surgery Modifiers

5/11/2021





Today's Presenters

- Arlene Dunphy, CPC
 - Provider Outreach and Education Consultant
- Michele Poulos
 - Provider Outreach and Education Consultant

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objective

- Provide an understanding of
 - Global surgery concepts and appropriate surgical modifiers
 - Appropriate usage of evaluation and management services with surgical procedures

Agenda

- Fee Schedule/Fee Schedule Assistant
- Global Surgery Concept/Package
- Modifiers
- Common Errors with Modifiers
- Resources
- Questions and Answers

Fee Schedule





ENROLLMENT

CLAIMS & APPEALS

MEDICAL POLICY & REVIEW

EDUCATION

Overpayment

Provider Resources

WELCOME to

*NGSMedicare.com for
Part B providers and
suppliers*

Medicare **Part B providers** administer medically-necessary and preventive services for beneficiaries by diagnosing and treating medical conditions or preventing illness or detecting it at an early stage.

Coronavirus (COVID-19)

Stay up-to-date with latest news on the Coronavirus.

1 2 3 4



Log in to NGSConnex

Use the IVR System



Fee Schedule Lookup

Find an MU Course

Visit New Provider Center



LCD/Policy Search

FEE SCHEDULE LOOKUP

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

ENTER SEARCH CRITERIA

*Select a Fee Schedule:
 -- Please Select --
 ASC Fees
 Ambulance
 CP/CSW
 Home Infusion Therapy Services Fees (HITS)
 Medicare Physician Fee Schedule Pricing
 Molecular Pathology
 Opioid Treatment Program (OTP)

*Result Type:
 Full Fee Schedule Specific To Fee Code

*Date of Service:

* Procedure Code:

*Region:

Fee Schedule Lookup

ENTER SEARCH CRITERIA

*Select a Fee Schedule:

*Result Type: Full Fee Schedule Specific To Fee Code

*Date of Service:

*Procedure Code:

*Region:

(* indicates a required field)

CODE SEARCH RESULTS

National Government Services, Inc. - Connecticut
 Medicare Physician Fee Schedule Pricing Fee Schedule for 03/08/2021

Click on the Details links to view MPFS policy indicators.

Procedure Code ?	66982
Effective Date ?	01/01/2021
State/Territory ?	13102
Locality ?	00
Short Description ?	Xcapsl ctrc rmvl cplx wo ecp

Non-OPPS Capped Payment Rates (NON-OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	804.31	764.09	878.70	804.31	764.09	878.70

OPPS Capped Payment Rates (OPPS) ?						
Modifier ?	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

Modifier Selected: (blank)			
Status ?	A	Global Surgery ?	090
Conversion Factor ?	34.8931	Facility Pricing ?	1
Update Factor ?	1.0375	PC/TC ?	0
Work RVU ?	10.25	Preoperative Percentage ?	10%
FAC PE RVU ?	10.53	Interoperative Percentage ?	70%
NON FAC PE RVU ?	10.53	Postoperative Percentage ?	20%
Malpractice RVU ?	0.74	Multiple Surgery ?	2
Work GPCI ?	1.037	Bilateral Surgery ?	1
Practice GPCI ?	1.114	Assistant At Surgery ?	1
Malpractice GPCI ?	0.934	Two Surgeons ?	0
Reduced Therapy Amt ?	0.00	Team Surgery ?	0
Endoscopic Base ?			

Fee Schedule Lookup

ENTER SEARCH CRITERIA

*Select a Fee Schedule: Medicare Physician Fee Schedule Pricing

*Result Type: Full Fee Schedule Specific To Fee Code

*Date of Service: 03/08/2021

*Procedure Code: 20610

*Region: Connecticut

Search

(* indicates a required field)

CODE SEARCH RESULTS

National Government Services, Inc. - Connecticut
 Medicare Physician Fee Schedule Pricing Fee Schedule for 03/08/2021

Click on the [Details](#) links to view MPFS policy indicators.

Procedure Code	20610
Effective Date	01/01/2021
State/Territory	13102
Locality	00
Short Description	Drain/inj joint/bursa w/o us

Non-OPPS Capped Payment Rates (NON-OPPS)						
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	70.14	66.63	76.62	49.15	46.69	53.69

OPPS Capped Payment Rates (OPPS)						
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

Modifier Selected: (blank)

Status	A	Global Surgery	000
Conversion Factor	34.8931	Facility Pricing	1
Update Factor	1.0375	PC/TC	0
Work RVU	0.79	Preoperative Percentage	0%
FAC PE RVU	0.42	Interoperative Percentage	0%
NON FAC PE RVU	0.96	Postoperative Percentage	0%
Malpractice RVU	0.13	Multiple Surgery	2
Work GPCI	1.037	Bilateral Surgery	1
Practice GPCI	1.114	Assistant At Surgery	1
Malpractice GPCI	0.934	Two Surgeons	0
Reduced Therapy Amt	0.00	Team Surgery	0
Endoscopic Base			

Fee Schedule Assistance



Fee Schedule Assistance

JOB AIDS & MANUALS

FEE SCHEDULE ASSISTANCE

- [Illinois Locality/Area and County Information](#)
- [Maine, Massachusetts, New Hampshire, Rhode Island, Vermont Locality/Area and County Information](#)
- [New York Locality/Area and County Information](#)
- [Locate and Download Fee Schedule Pricing](#)
- [Description of Medicare Physician Fee Schedule Database Policy Indicators](#)
- [CMS Physician Fee Schedule Search and RVU Information](#)

Illinois Locality/Area and County Information

Locality/Area	Counties
---------------	----------



[LOG IN TO MU](#)

[SIGN UP FOR EMAIL UPDATES](#)

[CMS.gov Internet-Only Manuals \(IOMs\)](#)

[New Provider Center](#)

[POE Advisory Group](#)

[CMS Continuing Education](#)



Fee Schedule Assistance

- Provides information about fee schedule definitions and acronyms

JOB AIDS & MANUALS

Description of Medicare Physician Fee Schedule Database Policy Indicators

- | | |
|--|---|
| <ul style="list-style-type: none">• CPT/HCPCS• Modifier• Short Description• Status Code• PC/TC Indicator• Global Surgery• Multiple Procedure (Modifier 51) | <ul style="list-style-type: none">• Bilateral Surgery (Modifier 50)• Assistant at Surgery• Co-surgeons (Modifier 62)• Team Surgery (Modifier 66)• Physician Supervision• Diagnostic Imaging Family Indicator |
|--|---|

Global Surgery

This indicator provides the postoperative time frames that apply to payment for each surgical procedure or another indicator that describes the applicability of the global concept to the service.

Indicator	Description
000	Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable.
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during the 10-day postoperative period generally not payable.
090	Major surgery with a one-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.
MMM	Maternity codes; usual global period does not apply.
XXX	Global concept does not apply to the code.
YYY	MAC determines whether the global concept applies and establishes postoperative period, if appropriate, at the time of pricing.
ZZZ	The code is related to another service and is always included in the global period of the other service.

Global Surgery Concept

Global Surgery Concept

- A “global” fee for surgical procedures is a concept in which a single fee is billed and paid for all necessary services normally furnished by the surgeon before, during and after the procedure
- Reimbursement for surgical procedures will be reimbursed regardless of the method used to perform the surgical procedure

Surgical Categories

- Minor surgical procedures
 - No preoperative days
 - Includes visits on the same day by the same physician
 - Includes all intraoperative services that are normally part of a surgical procedure
 - 0 or 10 day postoperative period

Surgical Categories

- Major surgical procedures
 - One day preoperative visit (day before and day of surgery)
 - All intraoperative services normally part of the recovery for a surgical procedure
 - 90 day postoperative period (do not count the day of surgery)



ENROLLMENT

CLAIMS & APPEALS

MEDICAL POLICY & REVIEW

EDUCATION

Overpayment

Provider Resources

WELCOME to

*NGSMedicare.com for
Part B providers and
suppliers*

Medicare Part B providers administer necessary and preventive services, diagnosing and treating medical conditions, preventing illness or detecting it at



Learn about the **CT Prior Authorization Program**

- Forms
- Acronyms
- Calculators & Tools
- News & Alerts
- Medicare Monthly Review
- NGSConnex

1 2 3 4



Log in to NGSConnex

Use the IVR System



Fee Schedule Lookup

Calculators & Tools

 <i>90-Day Global Period Calculator</i>	 <i>ADR Timeline Calculator</i>	 <i>Appeals Calculator</i>
 <i>Appeals Decision Tree</i>	 <i>CERT Denial Reason Finder</i>	 <i>Check Provider Enrollment Application Status</i>

90-DAY GLOBAL PERIOD CALCULATOR FOR MAJOR SURGERIES

To determine when the global period ends for a major surgical procedure with a 90-day global period, please enter the **date of the surgery** in **MM/DD/YY** or **MM/DD/YYYY** format and select **Calculate**. Select the **Reset** button to clear all data and submit a new query.

DATE OF SURGERY =
<input type="text"/>
<input type="button" value="Calculate"/> <input type="button" value="Reset"/>

Services Included in the Global Surgical Package

- **Preoperative visits:** day immediately before the day of *major* surgery
- **Intraoperative services:** services normally a usual and necessary part of a surgical procedure
- **Complications following surgery:** additional medical or surgical services required of the surgeon (which do not require additional trips to the operating room)
- **Postoperative visits:** follow-up visits that are related to the surgery
- **Post-surgical pain management:** by the surgeon
- **Miscellaneous:** dressing changes, removal of sutures, staples, supplies, etc.

Services Excluded from the Global Surgical Package

- Evaluations and management services that resulted in a decision for major surgery (requires modifier 57)
- Services of another physician (except when the surgeon and the other physician agree on the transfer of care)
- Unrelated evaluation and management visit(s) (use modifiers 24 or 25)
- Related and unrelated surgical procedures during the postoperative period (modifiers 78 or 79)

Services Excluded from the Global Surgical Package

- Treatment for underlying conditions
- Diagnostic tests and procedures
- Clearly distinct surgical procedures during the postoperative period which are not reoperations or treatments for complications
- Immunosuppressive therapy for organ transplants
- Critical care services

Physicians Who Furnish the *Full* Global Surgical Package



Physicians Who Furnish the Full Global Surgery Package

- One physician performs all the services
 - Preop, surgery and postop
- Bill the appropriate CPT code with no modifier
- Different physicians within the same group participating in the care of the patient, the group should bill the entire global package

Physicians Who Furnish *Part* of the Global Surgical Package

Modifier 54

- Surgical care only (54)
 - When a surgeon performs the surgery only and another physician performs the pre/postop care

Modifier 55

- Postoperative management only (55)
 - When one physician performs the postoperative management of the patient and another physician has performed the surgery
- Claims for the surgical service and postop care should include
 - Same date of service
 - Same surgical procedure code
 - Appropriate modifier

Coding Guidelines

- Physicians agree on the transfer of care
- Date care was relinquished or assumed, must be indicated on the claim
- When a transfer of postop care occurs, the receiving physician cannot bill for any part of the global service until he/she has provided at least one face-to-face service
 - Bill the date care of the patient is assumed

Coding Guidelines

- Both physicians must keep a copy of the written transfer in the patients medical record
 - Must include the date which the care is assumed and must be signed by both physicians
- The medical record must note the patient was informed of this transfer of care and that the patient gave consent

Example of Surgery and Partial Postoperative Comanagement by the Surgeon

Date of Service	CPT Code	Place of Service	How to Report in Item 19 or Electronic Equivalent
1/3/2021 (Date of Surgery)	58150 54	21	Blank
1/3/2021 (Date of Surgery)	58150 55	21	Postop care performed 1/4/2021 to 1/10/2021 (7 days)

Example Partial Postoperative Comanagement

Date of Service	CPT Code	Place of Service	How to Report in Item 19 or Electronic Equivalent
1/3/2021 (Date of Surgery)	58150 55	11	Postop care assumed 1/11/2021 to 4/3/2021 (83 days)

Example of Surgery and Partial Postoperative Comanagement by the Surgeon

Date of Service	CPT Code	Place of Service	How to Report in Item 19 or Electronic Equivalent
2/10/2021	66984 54	22	Blank
2/10/2021	66984 55	11	Postop care performed 2/11/2021 – 2/15/2021 (5 days)

Example of Partial Assumed Postoperative Comanagement

Date of Service	CPT Code	Place of Service	How to Report in Item 19 or Electronic Equivalent
2/10/2021	66984 55	11	Postop care performed 2/16/2021 – 5/16/2021 (85 days)

Critical Care During the Global Surgical Period

Critical Care During the Global Surgical Period

- May be billed separately for seriously injured or burned patients
 - If the patient is critically ill
 - Requires the constant attendance of the physician
 - Service is above and beyond and, in most instances, unrelated to the specific injury or surgical procedure

Reporting Requirements

- CPT codes 99291–99292 and modifier 25 (same day as surgery) or modifier 24 (postoperative) must be used
 - and
- Documentation that the critical care was unrelated to the specific anatomic injury or general surgical procedure performed must be submitted

Global Surgery Modifiers Appended to E/M Services

Modifier 24

- **Definition**

- Unrelated evaluation and management service by the same physician during a postoperative period

- **Proper Usage**

- Append to the E/M procedure code only
- Used for an unrelated E/M service beginning the day after a procedure
- Performed by the same physician during the postop period (10 or 90 days)

Modifier 25

■ Definition

- Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service

■ Proper Usage

- Used to indicate that on same day procedure or service was performed
 - Patient's condition required significant, separately identifiable E/M service
 - Service was above and beyond usual pre- and postoperative care associated with procedure
 - Service performed by same physician on same day as procedure
- 25 modifier always follows an E/M code
- E/M services are built into the fee components of minor surgical procedures

Example

Date of Service	CPT Code	Description
3/1/2021	99213 25	Sinusitis
3/1/2021	11400	Incision and drainage of abscess

Modifier 57

■ Definition

- Decision for surgery: an E/M service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service

■ Proper Usage

- E/M services on the day of or on the day before a procedure with a 90-day global period
- Use modifiers 24 and 57 when billing an E/M service resulting in the initial decision to perform major surgery during the postop period of another, unrelated procedure

Example

Date of Service	CPT Code	Description
3/1/2021	11400	Incision and drainage of abscess
3/7/2021	99214 2457	Abdominal Pain
3/7/2021	44970	Appendectomy

Global Surgery Modifiers Appended to Surgery Services

Modifier 58

- Staged or related procedure by the same physician during the postoperative period
 - Used when a physician needs to indicate that the performance of a procedure or service during the postoperative period was planned prospectively or at the time of the original procedure

Modifier 78

- **78 – Unplanned** return to the operating room/procedure room by the same physician for a related procedure
 - Use to indicate that a procedure was performed during the postop period of the initial procedure

Modifier 79

- **79 – Unrelated** procedure by the same physician during the postop period
 - Used to report services unrelated to the original procedure during the postop period

Common Errors with Modifiers

- Modifier 24 is the most misused
 - Modifier 24 does not get appended to postsurgical visits that are related to the surgery
- E/M modifiers omitted from visit codes
 - 57, 24, 25
- Surgery modifiers omitted from surgery codes
 - 79, 78, 58
- Receiving an appeal without documentation of which modifier applies and reason why

Resources

- [Proper Billing of Surgical Comanagement \(Modifiers 54 and 55\)](#)
- [Global Surgery](#)
- [Critical Care Services: CPT Codes 99291-99292](#)
- [Modifier Usage](#)
- [Correct Usage of Modifier 79 for Multiple Procedures](#)

Resources

- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Sections 30.6 and 40](#)
- MLN Booklet® [*Global Surgery Booklet*](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

We're on Twitter!



@NGSMedicare

[Follow us](#)