

Kentucky Surgeons: July 1, 2017, Start of Government Research Study

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Several years ago, the Centers for Medicare & Medicaid Services (CMS) proposed a dismantling of the coding system for surgeries. Congress stepped in to block the change, but allowed CMS to study the non-surgical activity that occurs during global periods. That research study began on July 1, 2017, encompassing post-operative encounters only.

Limited to surgeons practicing in a group of 10 or more practitioners, the study was rolled out to participants in nine states.* In addition to Kentucky, Florida, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island were chosen. Only 293 codes are the target of CMS' research study. The list of codes includes surgeries that cross many specialties, such as 29876 (knee arthroscopy), 33533 (CABG) and 44205 (laparoscopic colectomy; partial with ileum).

Regardless of the place of service, patients who are seen for post-operative care should be "billed" with 99024, the designated CPT® code for these visits. The circumstance is limited to Medicare Part B patients only, but it's important to check with your clearinghouse to determine how to properly transmit the code. Most software vendors allow a \$0 charge to flow through to the Medicare contractor, although some require \$0.01 to be attached to the transaction. It is not necessary to connect the claim on which 99024 is reported to the claim on which the initial surgical procedure is reported.

Although there are no financial penalties for not participating, Congress granted CMS the authority to implement a 5% reimbursement withhold at its discretion. As the program just commenced, CMS has not yet acted upon the penalty, instead just requesting participation.

For more information about the government's research study, to include the list of the 293 surgeries that require post-operative coding, see [this page](#) on CMS.gov.

**CMS defines "practitioner" as physicians and non-physician practitioners who are permitted to bill Medicare under the Physician Fee Schedule (PFS) for services furnished to Medicare beneficiaries. Thus, this would include nurse practitioners, physician assistants, clinical nurse specialists and certified registered nurse anesthetists.*

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