

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2096	Date: June 22, 2018
	Change Request 10425

Transmittal 2013, dated January 26, 2018, is being rescinded and replaced by Transmittal 2096, dated, June 22, 2018 to remove the terminated HCPCS codes from business requirement 10425.2.1. All other information remains the same.

SUBJECT: Global Surgical Days for Critical Access Hospital (CAH) Method II

I. SUMMARY OF CHANGES: This Change Request (CR) is to implement the global surgical days for Method II CAH providers.

EFFECTIVE DATE: July 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2096	Date: June 22, 2018	Change Request: 10425
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Transmittal 2013, dated January 26, 2018, is being rescinded and replaced by Transmittal 2096, dated, June 22, 2018 to remove the terminated HCPCS codes from business requirement 10425.2.1. All other information remains the same.

SUBJECT: Global Surgical Days for Critical Access Hospital (CAH) Method II

EFFECTIVE DATE: July 1, 2018

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IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: This Change Request (CR) is for the global surgical periods for Critical Access Hospital (CAH) Method II providers to mirror the logic historically applied to physicians and non-physician practitioners that bill their own services to the Multi-Carrier System (MCS).

Physicians and non-physician practitioners billing on Type of Bill (TOB) 85X for professional services rendered in a Method II CAH have the option of reassigning their billing rights to the CAH. When the billing rights are reassigned to the Method II CAH, payment is made to the CAH for professional services (using revenue codes 96X, 97X, or 98X) based on the Medicare Physician Fee Schedule (MPFS) supplemental file.

The global surgical package, also called global surgery, includes all necessary services normally furnished by a surgeon before, during, and after a procedure. Medicare payment for the surgical procedure includes the pre-operative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty.

Position 13-15 of the MPFSDB provides the postoperative periods that apply to each surgical procedure. The payment rules for surgical procedures apply to codes with entries of 000, 010, 090, and, sometimes, YYY.

This field 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.

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 this 10-day postoperative period generally not payable.

090 = Major surgery with a (one) 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.

XXX = Global concept does not apply.

YYY = A/B Medicare Administrative Contractor (MAC) (Part A) determines whether global concept applies and establishes postoperative period, if appropriate, at time of pricing.

Codes with "YYY" are A/B MAC (Part B)-priced codes, for which A/B MACs (Part B) determine the global period (the global period for these codes will be 0, 10, or 90 days). Note that not all A/B MAC (Part B)-priced codes have a "YYY" global surgical indicator; sometimes the global period is specified.

CAH Method II providers need to follow the same guidelines as Part B physician services that are available in Pub. 100-04, Chapter 12, Section 40. See Chapter 23 of Pub. 100-04, section 50.6 for the record layout of the Payment Policy Indicator file.

B. Policy: This CR contains no new policy. It improves the implementation of existing Medicare payment policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
10425.1	Contractors shall recognize claims with Current Procedural Terminology (CPT) codes that have a global period of 0, 10 or 90 on the MPFS file labeled global surgery for the following: Type of bill (TOB): 85x Revenue codes (REV): 96X, 97X and/or 98X.					X				X		
10425.2	Contractors shall create an overridable line level edit to assign when an incoming TOB 85X is received with Evaluation and Management (E/M) services equal to or within a global period of a surgical procedure claim in history that has the same rendering physician National Provider Identifier (NPI). Global Periods: 1. 0 – Same day as surgery 2. 10 – Same day as surgery plus 10 days after the surgery. (Example: Date of surgery – January 5, Last day of postoperative period – January 15) 3. 90 – Same day as the surgery plus 90 days after the surgery. (Example: Date of surgery – January 5, Last day of postoperative period April 5).					X				X		

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	<p>Hierarchy of identifying the same NPI:</p> <ol style="list-style-type: none"> 1. Rendering physician at the line level 2. Rendering physician at the claim level 3. Attending physician <p>NOTE: Contractors shall read all details lines in history for global services.</p>									
10425.2.1	<p>Contractors shall use the following E/M CPT codes in establishing the edit for visits which are included in the global package:</p> <p>92012, 92014, 99211-99215, 99217-99223, 99231-99236, 99238, 99239, 99291, 99292, 99315, 99316, and 99347-99350</p>								X	
10425.2.2	<p>Contractors shall allow E/M services rendered during the global period when modifiers 24 or 25 are submitted with an applicable E/M code</p>								X	
10425.2.3	<p>Contractors shall reject the line based on the Common Working File (CWF) edit.</p> <p>Contractual Obligation – CO</p> <p>Claim Adjustment Reason Code (CARC)</p> <p>CARC: 97 – Payment is included in the allowance for another service/procedure</p> <p>Remittance Advice Remark Code (RARC)</p> <p>RARC: M144 – Pre-/post-operative care payment is included in the allowance for the surgery/procedure.</p> <p>Medicare Summary Notice (MSN): 23.1</p> <p>English version: The cost of care before and after the surgery or procedure is included in the approved amount for that service.</p> <p>Spanish version: El costo del cuidado antes y después de cirugía o procedimiento está incluido en la cantidad aprobada por ese servicio.</p>	X								

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
10425.3	The contractor shall create an Informational Unsolicited Response (IUR) when an incoming surgical claim with global periods is received and there is a TOB 85X, in history, with a covered E/M service (see BR 2.1) subject to a global period and does not contain a modifier of 24 or 25.									X	
10425.4	Upon receipt of the IUR, the Contractor shall perform an automated adjustment to the paid CAH outpatient (85x) E/M claim to recoup the applicable line level payment.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	D M E M A C	C E D I	I
		A	B	F I S S				
10425.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@CMS.HHS.GOV

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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