

# Survey on Global Surgery Data and Reporting Requirements

## Report on Medicare's New Coding Proposal and the Impact on Surgeons and their Practices



Prepared by the  
**Surgical Coalition**

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## Medicare’s Global Surgery Payment Policy

### Background

Under the current system, Medicare pays surgeons and other specialists a single fee when they perform complex procedures such as back surgery, brain tumor removal, joint replacement, heart surgery, or colon resection. This single fee covers the costs of the surgery plus all follow-up care within a 10- or 90-day timeframe. The surgeon gets one payment, and the Medicare beneficiary only pays a single co-pay. In the CY 2015 Medicare Physician Fee Schedule (PFS) final rule, the Centers for Medicare & Medicaid Services (CMS) included a policy that would have eliminated global surgical payments, which would have negatively affected patients and physicians alike.

Recognizing the significant problems associated with this proposal, Congress was united in opposing this global surgery code policy because of concerns that the change would compromise patient care and significantly increase administrative burdens. Instead, Congress required CMS to collect data, starting January 1, 2017, on the number and level of visits furnished during the global period. Specifically, Section 523 of the Medicare Access and CHIP Reauthorization Act (MACRA) explicitly calls for CMS to gather information needed to value surgical services from a "representative sample" of physicians. Beginning in 2019, CMS must use these data to facilitate accurate valuation of surgical services.

### Medicare’s Burdensome Data Collection Plan

Despite this Congressional mandate, on July 15, 2016, in the proposed rule for the CY 2017 Medicare PFS, CMS announced a unilateral decision to implement a new sweeping mandate to collect data about global surgery services. According to the proposal, beginning on January 1, 2017, **all** surgeons — instead of a representative sample — providing 10- and 90-day global surgery services to Medicare patients will be required to use an **entirely new set of G-codes** to document the type, level and number of pre- and post-operative visits furnished during the global period for **every** global surgery procedure provided to Medicare beneficiaries. Under this system, surgeons would be required to use a these G-codes to report on each 10-minute increment of services provided.

Proposed Global Service Codes		
Inpatient	GXXX1	Inpatient visit, typical, per 10 minutes, included in surgical package
	GXXX2	Inpatient visit, complex, per 10 minutes, included in surgical package
	GXXX3	Inpatient visit, critical illness, per 10 minutes, included in surgical package
Office or Other Outpatient	GXXX4	Office or other outpatient visit, clinical staff, per 10 minutes, included in surgical package
	GXXX5	Office or other outpatient visit, typical, per 10 minutes, included in surgical package
	GXXX6	Office or other outpatient visit, complex per 10 minutes, included in surgical package
Via Phone or Internet	GXXX7	Patient interactions via electronic means by physicians/NPP, per 10 minutes, included in surgical package
	GXXX8	Patient interactions via electronic means by clinical staff, per 10 minutes, included in surgical package

## Surgeons Must Make Major Practice Changes

In an effort to demonstrate to CMS the enormity of this task and its impact on patient care delivery, the surgical community conducted a survey to collect information to determine the feasibility of this unfunded data collection effort.

According to the survey's findings, surgeons will face significant challenges integrating the proposed new G-codes and data collection processes into their practices. In an attempt to comply, most physicians will have to make major changes to their practice operations. Some examples include:

- ◆ Developing new methods for tracking and collecting global surgery visit work;
- ◆ Making modifications to their EHR and billing systems;
- ◆ Incurring additional staff and physician time spent on tracking and processing global surgery information into EHR and billing systems;
- ◆ Developing methods for transferring visit data from one treatment site to another;
- ◆ Hiring scribes to shadow clinicians to document services;
- ◆ Using additional technology, such as handheld devices or stopwatches, to document time spent providing global surgery services; and
- ◆ Differentiating Medicare from other patients to ensure that G-codes are used based on the patient's payer.

Additionally, just under one-half of respondents anticipate that they would have to hire new staff and purchase additional software to capture global surgery services under a new G-code system.

Major Changes to Surgeons' Practice Operations Required	
Implementing a way to differentiate Medicare patients in the pre- and post-operative settings so G-codes are properly applied based on the patient's payer and data aggregated for this subset of patients in the practice	89.3%
Spending additional physician time on tracking pre- and post-operative visit information beyond that which is currently dedicated to documenting medical services	88.8%
Modifying electronic health record (EHR) and/or billing systems	85.9%
Developing new processes for tracking, collecting and distinguishing between pre- and post-operative visit information	82.8%
Developing new pre- and post-operative visit tracking forms	81.5%
Increasing the number of claims submitted as well as incurring significant new costs for the additional submission	76.9%
Spending additional existing staff time to track and process pre- and post-operative visit information into the medical record and billing system	75.7%
Developing patient engagement and/or pre- and post-operative visit tracking forms	65.3%
Developing a method for transferring pre- and post-operative visit data from one treatment site to another	59.9%
Hiring new staff members to track and process pre- and post-operative visit information into the medical record and billing system	48.7%
Using handheld technology to document time spent providing pre- and post-operative services	46.4%
Purchasing additional software to support and capture pre- and post-operative visits	39.9%
Hiring scribes to shadow clinicians to document services	34.6%

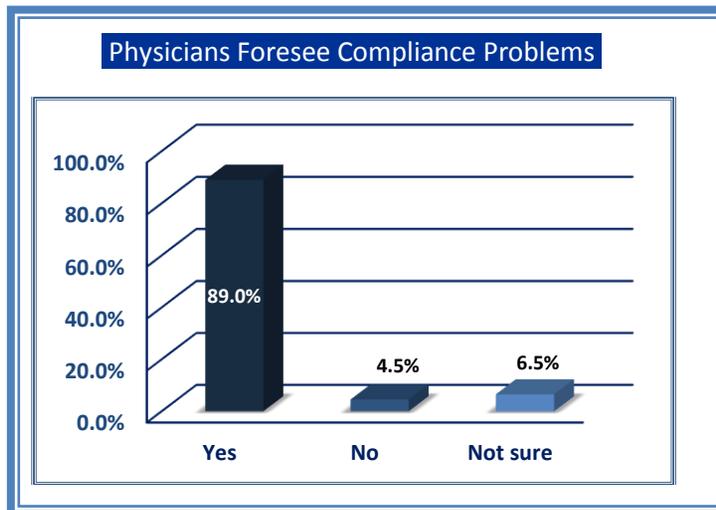
The study's results make it clear that this all-physician, all-services claims-based approach will be a costly and burdensome initiative that will likely yield incomplete and unreliable information.

## A Costly Experiment

All of these practice changes will come at a significant cost to our surgeons. Nearly 40 percent of respondents anticipate it will cost them between \$25,000 to \$100,000, and another 15 percent estimate they will spend more than \$100,000 on compliance. These costs include modifications to EHR and billing systems, staff costs, loss of productivity and the like.

\$0 to 10,000	5.9%
\$10,001 to \$25,000	15.7%
\$25,001 to \$50,000	17.4%
\$50,001 to \$75,000	11.4%
\$75,001 to \$100,000	8.3%
Over \$100,000	14.9%
Not sure	26.2%

While CMS and its contractors may simply be able to “flip the switch” to incorporate the new G-codes into their claims processing systems, not surprising, nearly 90 percent of surgeons foresee physician compliance problems with the new global surgery G-codes.



## In Surgeons' Own Words

A super majority of surgeons believe that using G-codes is not an appropriate method for collecting global surgery data. When asked for suggested alternatives to the G-code approach, a common theme emerged.

*“Leave as is. It is a global period. Each patient receives as much care in the postoperative period as required. Starting to track with these G -codes will kill efficiency and further discourage my treating Medicare patients.”*

**Neurosurgeon** employed by a hospital in a small, single specialty practice in the Midwest

*“Why fix something that is not broken? Post-operative visits are so variable, I guess I just need to put myself on a clock and punch in and out when I leave the patients rooms or see them in my office. More administrative nightmares. How much more does CMS expect us to take?”*

**Orthopaedic surgeon** in a small, single specialty private practice in the West

*“As there is no separate reimbursement for the postop visit I would suggest that requiring documentation above and beyond current ‘need to know documentation’ will end up with less complete postop care as multiple appointments will seem onerous. As it is now, I like bringing postop patients back often as I know that it does not cost the patient.”*

**Otolaryngologist** in a large multi-specialty, academic medical practice in the West

*“Surveys are routinely performed for specific codes to determine this information. Thinking that mandating that a specific code to be used when billing will give more valid information is folly.”*

**Ophthalmologist** in a small, single specialty practice in the Midwest

*“Do not try to fix a system that's not broken!! Enough is enough already!”*

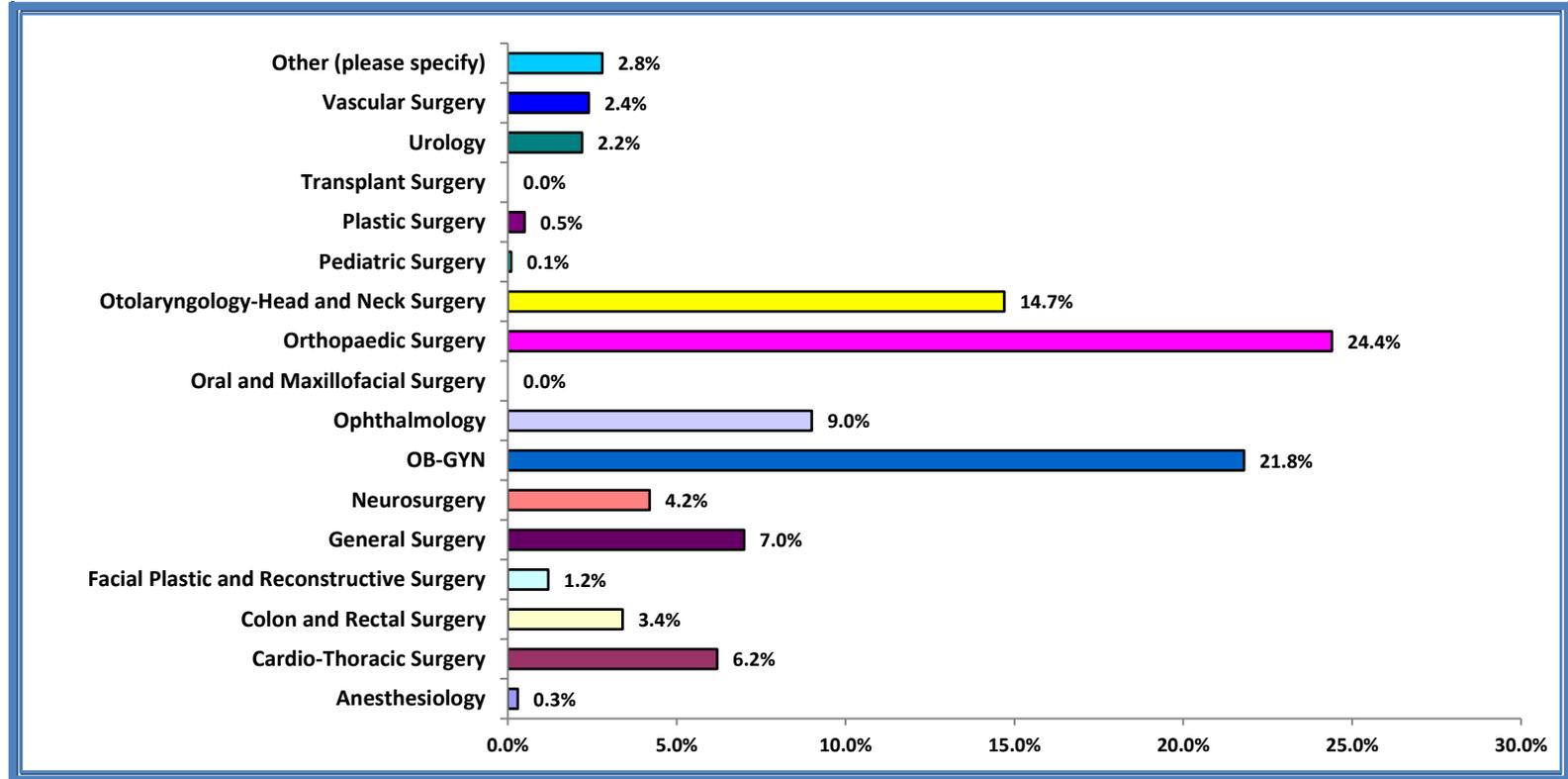
**OB-GYN** in a small, single specialty private practice in the Northeast

## Survey Methodology

In July/August 2016 the Surgical Coalition conducted a survey of surgeons and anesthesiologists in an effort to determine the impact of CMS's proposal to use new G-codes to collect and report on the services provided during the 10- and 90-day global surgery period. The survey was conducted online. A total of 7,071 physicians participated in the survey.

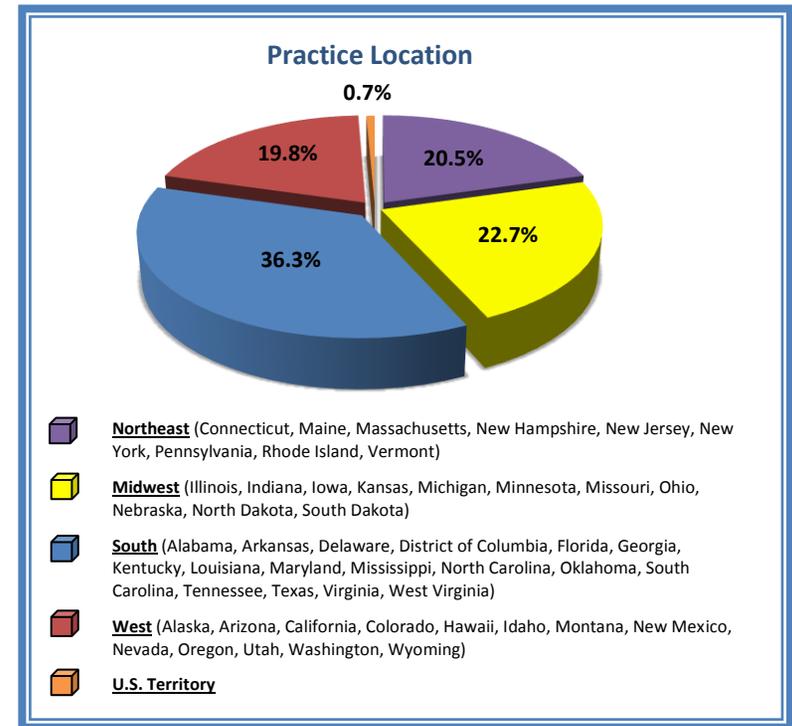
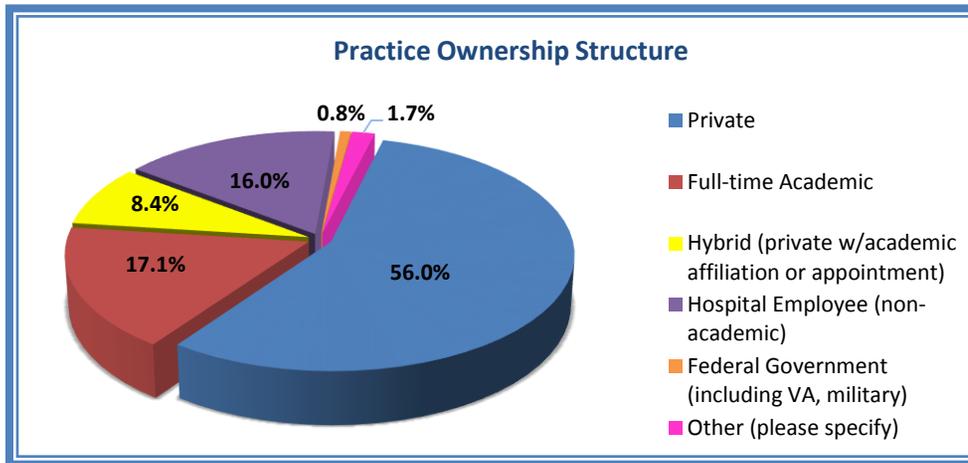
## Demographics

Surgeons and other physicians from approximately 25 specialties completed the survey, including: Anesthesiology, Breast Surgery, Cardio-Thoracic Surgery, Colon-Rectal Surgery, Dermatology, Facial Plastic Surgery, General Surgery, GYN Oncology, Hand Surgery, Neurosurgery, OB-GYN, Ophthalmology, Oral Surgery, Orthopaedic Surgery, Otolaryngology, Pain Management, Pediatric Surgery, Plastic Surgery, Surgical Oncology, Transplant Surgery, Urology, Urogynecology, and Vascular Surgery.



Just over one-third of the respondents practice in the South, and the others are evenly distributed throughout the other regions of the country. Most surgeons practice in urban (38%) and suburban (43%) settings, with nearly fifteen percent practicing in rural parts of the country.

Over one-half of the respondents are in private practice, but all types of practices were represented, including private, academic, hybrid (private with academic affiliation or appointment) and hospital or other employment arrangement.



More than 40 percent of physicians responding are in solo or small, single specialty practices. It is, therefore, critical that CMS takes into account the additional administrative burdens this data collection effort will have on these physicians, in particular.

PRACTICE SIZE	
Solo	16.0%
Small single specialty group (2-5 physicians)	26.9%
Medium single specialty group (6-20 physicians)	18.4%
Large single specialty group (more than 20 physicians)	8.1%
Small multi-specialty group (2-5 physicians)	1.7%
Medium multi-specialty group (6-20 physicians)	4.5%
Large multi-specialty group (more than 20 physicians)	23.5%
Other (please specify)	0.9%

## **Participating Organizations:**

American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Ophthalmology  
American Academy of Otolaryngology-Head and Neck Surgery  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Osteopathic Surgeons  
American College of Surgeons  
American Congress of Obstetricians and Gynecologists  
American Osteopathic Academy of Orthopedics  
American Pediatric Surgical Association  
American Society of Anesthesiologists  
American Society of Breast Surgeons  
American Society of Cataract and Refractive Surgery  
American Society of Colon and Rectal Surgeons  
American Society for Metabolic & Bariatric Surgery  
American Society of Plastic Surgeons  
American Urological Association  
Congress of Neurological Surgeons  
Society for Vascular Surgery  
Society of American Gastrointestinal and Endoscopic Surgeons  
Society of Gynecologic Oncologists  
Society of Surgical Oncology  
The Society of Thoracic Surgeons

## **More Information:**

**For more information about the findings contained in this report, please contact:**

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