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Objectives

- Define the role of the general surgeon
- Identify anatomical areas treated by general surgeons
- Differentiate surgical approaches and the coding nuances of each
- Define global surgical package
- Discuss separate procedures and identify when they should be reported
- Review surgical modifiers
- Discuss surgical co-management and how it impacts claim submission
- Identify the ICD-10 impact on general surgery
- Define the documentation requirements for surgical procedures

General Surgeon Scope

“General surgery is a discipline that requires knowledge of and familiarity with a broad spectrum of diseases that may require surgical treatment. By necessity, the breadth and depth of this knowledge will vary by disease category. In most areas, the surgeon will be expected to be competent in diagnosing and treating the full spectrum of disease. However, there are some types of disease in which comprehensive knowledge and experience is not gained in the course of a standard surgical residency. In these areas, the surgeon will be able to recognize and treat a select group of conditions within a disease category.”

- American Board of Surgery
General Surgeon Training

• Experience in:
  – Alimentary tract
  – Abdomen and its contents
  – Breast, skin, and soft tissues
  – Endocrine system
  – Organ transplantation
  – Pediatric surgery
  – Surgical critical care
  – Surgical oncology
  – Trauma/Burns and acute care surgery
  – Vascular surgery

Defining Our Discussion

• Alimentary tract
• Abdomen and its contents
• Breast, skin, and soft tissues
• Pediatric surgery
Alimentary Tract

- Latin: alimentum means nourishment
- More commonly referred to as the gastrointestinal tract
- Encompasses all organs of digestion
- Spans from the mouth to the anus

Abdomen and Its Contents

- Contains all of the structures between the chest and the pelvis
- Separated from the chest by the diaphragm
- Includes:
  - Stomach
  - Small intestine
  - Colon
  - Rectum
  - Liver
  - Spleen
  - Pancreas
  - Kidneys
  - Appendix
  - Gallbladder
Breast, Skin, and Soft Tissue

- Defining each:
  - Breast: Mammary gland
  - Skin: Body’s outer covering
  - Soft Tissue: Tissues (other than bone) that connect, support, or surround other structures and organs

Surgical Approaches

- Endoscopic
  - Looking inside the body using an endoscope
    - Endoscope: A tube with a small camera on the end
  - Passed through either a natural body opening or small incision
    - Laparoscopy: Use of an endoscope through an incision into the abdomen

- Open
Surgical Approaches (cont.)

- Surgical laparoscopy always includes diagnostic laparoscopy
  - If both are performed, only the surgical laparoscopy may be reported
- Example:
  - Dr. Smith performs a diagnostic laparoscopy during which he identifies and aspirates multiple cysts.
    - Only the surgical laparoscopy with aspiration of cyst may be reported

Surgical Approaches (cont.)

- If one surgical procedure is performed using more than one surgical approach, only the code representing the second surgical approach should be reported.
- Example:
  - Dr. Smith attempts a laparoscopic cholecystectomy and during the procedure determines he needs to convert to an open procedure
    - Only the open cholecystectomy may be reported
Global Surgical Package

• Services always included in addition to the procedure or operation include:
  – Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
  – Subsequent to the decision for surgery, one related E/M encounter on the date immediately prior to or on the date of procedure
  – Immediate postoperative care, including dictating operative notes, talking with the family and other physicians
  – Writing orders
  – Evaluating the patient in the post anesthesia recovery area
  – Typical postoperative follow up care

Global Period

• Medicare National Physician Fee Schedule Relative Value File defines the global period for each CPT® code
• All follow-up care related to the surgery during this period is part of the surgical package and included in the payment for the surgery
Global Period (cont.)

- Major procedures
  - 90 day global period
- Minor procedures
  - 0 to 10 day global period
- Carrier-priced procedures
  - YYY
  - Carrier determines the global period
- Add-on procedures
  - ZZZ
  - Global period is determined by the primary surgical procedure performed

Global Period Calculators

- Major procedures only (90 days)
  - Myaccountability.org
    - http://www.myaccountability.org/content/julian_2011[1].pdf
  - NHIC, Corp.
    - http://www.medicarenhic.com/providers/billing/billing_calc_global_period.html
Surgical Complications

• Routine complications are not separately reportable
  – Included in the global surgery package and payment
  – Example:
    • The physician controls a hemorrhage during a surgical procedure.

Surgical Complications (cont.)

• Exceptional, unusually difficult circumstances may be separately reportable
  – CMS distinction: Was a return to the operating room was required?
  – Examples:
    • The physician sees a patient in the office for post-operative follow-up (within the global period) during which a post-operative hemorrhage is identified.
      – The post-operative hemorrhage is treated in the office. **Part of the global surgical package, not separately reportable.**
      – The post-operative hemorrhage is requires a return to the OR. **Separately reportable, not part of the global surgical package.**
Separate Procedure

• Listed as “(separate procedure)” at the end of a code description in CPT®
• Also referred to as incidental procedures
• Commonly carried out as an integral component of a total service or procedure
• Should NOT be reported in addition to the code for the total procedure or service of which it is considered an integral component

Separate/Incidental Procedure (cont.)

• Should be reported when:
  – Carried out independently
    • No modifier required
  – Considered to be unrelated or distinct from other procedures/services provided at that time
    • Different surgical session
    • Different procedure or surgery
    • Different site or organ system
    • Modifier 59 should be appended to the “(separate procedure)” CPT® code to indicate it is a distinct, independent procedure
Common Surgical Modifiers

- 51 Multiple Procedures
- 52 Reduced Services
- 53 Discontinued Procedure
- 54 Surgical Care Only
- 55 Postoperative Management Only
- 56 Preoperative Management Only
- 59 Distinct Procedural Service

Modifier 51
Multiple Procedures

- Used to report multiple procedures or services
  - Performed
    - During the same surgical session and
    - By the same provider
  - Not applicable to
    - Add-on codes
    - E/M services
    - Physical Medicine and Rehabilitation services
    - Provision of supplies
Modifier 52
Reduced Services

• Used to report a service or procedure that is partially reduced or eliminated at the physician’s discretion
• Not to be used to report hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia

Modifier 53
Discontinued Procedure

• Used to report a surgical or diagnostic procedure that the physician elects to terminate
• Not to be used to report:
  – Elective cancellation of a procedure prior to the patient’s anesthesia induction and/or surgical preparation in the operating suite
  – Hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia
Modifier 54
Surgical Care Only

• Indicates the provider performed only the surgical procedure, another provider performed the preoperative and/or postoperative management

Modifier 55
Postoperative Management Only

• Indicates the provider performed only the postoperative management, another provider performed the preoperative management and/or surgical care
Modifier 56
Preoperative Management Only
• Indicates the provider performed only the preoperative management, another provider performed the preoperative management and/or surgical care
• Not recognized by CMS

Modifier 59
Distinct Procedural Service
• Used to report multiple procedures or services
  – Not ordinarily performed
    • On the same day
    • By the same provider
  – Distinct or Independent
    • Different surgical session
    • Different procedure or surgery
    • Different site or organ system
    • Separate incision/excision
    • Separate lesion
    • Separate injury (or area of injury in extensive injuries)
  – Not applicable to
    • E/M services
Co-Management

• Medical co-management
  – Multiple providers caring for a patient each providing
    care for a different condition/disease/injury
• Example:
  – Dr. Smith, a general surgeon, performs John Doe’s
    cholecystectomy and related pre- and post-operative
    care. Dr. Jones, a hospitalist, oversees John Doe’s
    pre-existing hypertension and diabetes.

Co-Management (cont.)

• Surgical co-management
  – Multiple providers from different groups caring for a patient
    each providing care for the same condition/disease/injury
• Example:
  – Dr. Smith, a general surgeon, performs John Doe’s
    cholecystectomy, related preoperative care, and first day
    of post-operative care. Dr. Smith then asks Dr. Jones, a
    hospitalist, to take over the post-operative care for the
    remainder of the hospitalization. Dr. Smith will resume the
    post-operative care once John Doe has been discharged.
Co-Management (cont.)

• Essential steps:
  – Talk to the surgeon
    • Ensure he/she understands turning over any portion of the surgical care to the hospitalist means splitting payment with the hospitalist
  – Use modifiers
    • Remember accurate reporting of the services will require use of modifiers 54 and 55 (and perhaps 56)
  – Use Box 19 of the CMS-1500
    • Box 19 should include the dates each provider rendered surgery related care

ICD-10 and General Surgery

• Documentation is key!
• Code structure changes
• Codes allow for much more specificity
• Process for looking up a code hasn’t changed
• Many of the guidelines haven’t changed
• For general surgery related conditions,
  – Some have seen changes only to the actual code
  – Others have seen bigger changes
# ICD-10 and General Surgery

## Appendicitis

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute appendicitis with generalized peritonitis</td>
<td>540.0</td>
<td>K35.2</td>
</tr>
<tr>
<td>Acute appendicitis with peritoneal abscess</td>
<td>540.1</td>
<td>K35.3</td>
</tr>
<tr>
<td>Acute appendicitis without mention of peritonitis</td>
<td>540.9</td>
<td>K35.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>K35.89</td>
</tr>
<tr>
<td>Appendicitis, unqualified</td>
<td>541</td>
<td>K37</td>
</tr>
<tr>
<td>Other appendicitis</td>
<td>542</td>
<td>K36</td>
</tr>
</tbody>
</table>

## Cholecystitis

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute cholecystitis</td>
<td>575.0</td>
<td>K81.0</td>
</tr>
<tr>
<td>Cholecystitis, unspecified</td>
<td>575.10</td>
<td>K81.9</td>
</tr>
<tr>
<td>Chronic cholecystitis</td>
<td>575.11</td>
<td>K81.1</td>
</tr>
<tr>
<td>Acute and chronic cholecystitis</td>
<td>575.12</td>
<td>K81.2</td>
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ICD-10 and General Surgery
Umbilical Hernia

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umbilical hernia</td>
<td>553.1</td>
<td>K42.9</td>
</tr>
<tr>
<td>Umbilical hernia with gangrene (obstructed)</td>
<td>551.1</td>
<td>K42.1</td>
</tr>
<tr>
<td>Umbilical hernia with obstruction</td>
<td>552.1</td>
<td>K42.0</td>
</tr>
</tbody>
</table>

Documentation for Surgical Procedures

- All surgical notes or operative reports must include:
  - Patient’s name
  - Date of service
  - Preoperative diagnosis
  - Postoperative diagnosis
  - Surgeon’s name
  - Assistant Surgeon/Co-Surgeon’s name (if applicable)
  - Procedure name
  - Indications for surgery
  - Findings at surgery
  - Details
Documentation for Surgical Procedures (cont.)

• Co-surgeons
  – Two surgeons work together to complete a procedure described by a single CPT® code
  – Each surgeon must provide their own documentation as each performs a distinct portion of the service/procedure

Documentation for Surgical Procedures (cont.)

• Best practice for co-surgeon situations
  – Each surgeon should document his own operative note
  – Each surgeon should identify the other surgeon as a co-surgeon in his/her documentation
  – Both surgeons should submit the same procedure with modifier 62 appended
  – Both surgeons should like the same diagnosis code to the shared procedure code
Examples

Resources Utilized

• 2011 CPT® Professional Edition
• 2011 ICD-9-CM
• 2011 HCPCS Level II
• The American Board of Surgery website http://home.absurgery.org/
QUESTIONS