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CMS Plan to Bundle Critical Care In Global Surgery May Disrupt Billing, Compliance

By Nina Youngstrom

Clouds are gathering over a proposal in the 2022 Medicare Physician Fee Schedule (MPFS) rule^[1] to prohibit billing for critical care services provided during the global surgery period, according to an attorney. It's unclear how physicians would comply with the billing restriction when they provide critical care without knowing the patient had recent surgery.

"The change is pretty expansive," said Richelle Marting, an attorney and certified coder in Olathe, Kansas. "If this were to be finalized as proposed, it could be interpreted to mean no critical care services may be billed for a patient in a global period of 10 or 90 days by any health care provider." For example, if a patient who had a colon operation were admitted to the hospital in respiratory failure 10 days later, the pulmonologist providing critical care may not know the patient is in a global period and bill for critical care services. The claim could be denied.

"I don't think that interpretation is ideal or even workable, and I think there will be unintended consequences if it's finalized," she said. The escape hatch of modifier 24, which allows payment for evaluation and management (E/M) services provided within a postoperative period by the same physician or other qualified health care professional, would not be available, Marting noted.

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