

Claims-Based Reporting of Post-Operative Visits for Procedures with 10- or 90-Day Global Periods

Updated Results Using Calendar Year 2019 Data

APPENDIX C

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Published by the RAND Corporation, Santa Monica, Calif.

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33430	Replacement of mitral valve	90	522	2,629	5,220	0.50	506	2,501	5,060	0.49	449	2,489	4,490	0.55
22630	Lumbar spine fusion	90	495	1,409	3,960	0.36	477	1,372	3,816	0.36	435	1,365	3,480	0.39
67917	Repair eyelid defect	90	488	753	1,708	0.44	476	741	1,666	0.44	381	704	1,334	0.53
37607	Ligation of a-v fistula	90	480	625	960	0.65	450	609	900	0.68	356	579	712	0.81
25447	Repair wrist joints	90	476	1,053	2,618	0.40	472	1,044	2,596	0.40	356	1,033	1,958	0.53
67040	Laser treatment of retina	90	468	1,056	2,574	0.41	457	1,030	2,514	0.41	337	920	1,854	0.50
67924	Repair eyelid defect	90	464	636	1,624	0.39	455	617	1,593	0.39	348	576	1,218	0.47
38525	Biopsy/removal lymph nodes	90	453	546	1,133	0.48	387	468	968	0.48	322	455	805	0.57
28285	Repair of hammertoe	90	451	1,236	2,030	0.61	228	705	1,026	0.69	195	668	878	0.76
19307	Mast mod rad	90	441	1,488	4,631	0.32	387	1,305	4,064	0.32	352	1,296	3,696	0.35
44145	Partial removal of colon	90	437	1,758	4,370	0.40	381	1,594	3,810	0.42	341	1,582	3,410	0.46
29824	Shoulder arthroscopy/surgery	90	424	680	1,908	0.36	416	673	1,872	0.36	349	670	1,571	0.43
43644	Lap gastric bypass/roux-en-y	90	404	1,088	2,828	0.38	300	880	2,100	0.42	270	854	1,890	0.45
15120	Skn splnt a-grft fac/nck/hfl/g	90	368	734	1,288	0.57	287	497	1,005	0.49	140	397	490	0.81
63042	Laminotomy single lumbar	90	352	681	2,464	0.28	334	654	2,338	0.28	280	635	1,960	0.32
66170	Glaucoma surgery	90	352	1,803	3,344	0.54	346	1,770	3,287	0.54	271	1,668	2,575	0.65
19303	Mast simple complete	90	342	916	1,197	0.77	300	831	1,050	0.79	260	818	910	0.90
63056	Decompress spinal cord lmb	90	320	476	3,040	0.16	292	454	2,774	0.16	231	441	2,195	0.20
63045	Remove spine lamina 1 crvl	90	277	466	1,662	0.28	261	430	1,566	0.27	192	421	1,152	0.37
29822	Shoulder arthroscopy/surgery	90	275	521	1,100	0.47	274	518	1,096	0.47	232	510	928	0.55
23650	Treat shoulder dislocation	90	265	210	795	0.26	42	89	126	0.71	31	82	93	0.88
57240	Repair bladder & vagina	90	248	315	620	0.51	78	126	195	0.65	69	125	173	0.72
13160	Late closure of wound	90	237	545	1,778	0.31	176	404	1,320	0.31	144	388	1,080	0.36
67900	Repair brow defect	90	230	347	690	0.50	219	330	657	0.50	157	310	471	0.66
29876	Knee arthroscopy/surgery	90	223	343	781	0.44	215	336	753	0.45	169	324	592	0.55
28122	Partial removal of foot bone	90	218	601	981	0.61	141	426	635	0.67	113	415	509	0.82
38724	Removal of lymph nodes neck	90	213	397	1,704	0.23	88	166	704	0.24	67	151	536	0.28
28232	Incision of toe tendon	90	203	249	508	0.49	122	172	305	0.56	97	151	243	0.62
22612	Lumbar spine fusion	90	200	396	1,400	0.28	164	316	1,148	0.28	114	312	798	0.39
33426	Repair of mitral valve	90	191	778	1,719	0.45	186	763	1,674	0.46	164	752	1,476	0.51
33860	Ascending aortic graft	90	190	1,134	1,710	0.66	172	1,028	1,548	0.66	147	978	1,323	0.74
28296	Correction hallux valgus	90	182	463	1,001	0.46	88	267	484	0.55	79	261	435	0.60
23412	Repair rotator cuff chronic	90	174	396	783	0.51	167	382	752	0.51	142	378	639	0.59
28124	Partial removal of toe	90	147	378	588	0.64	97	263	388	0.68	73	253	292	0.87
53850	Prostatic microwave thermotx	90	132	105	396	0.27	122	97	366	0.27	40	80	120	0.67
28270	Release of foot contracture	90	121	81	424	0.19	90	51	315	0.16	18	44	63	0.70
66711	Ciliary endoscopic ablation	90	115	224	633	0.35	115	224	633	0.35	98	220	539	0.41
22600	Neck spine fusion	90	107	274	1,177	0.23	92	241	1,012	0.24	80	240	880	0.27
20926	Removal of tissue for graft	90	105	97	525	0.18	31	28	155	0.18	16	22	80	0.28
34710	Dlyd plmt xtn prosth 1st vsl	90	100	141	500	0.28	86	129	430	0.30	72	127	360	0.35
34706	Evasc rpr a-biliac rpt	90	76	151	684	0.22	69	141	621	0.23	50	122	450	0.27
66179	Aqueous shunt eye w/o graft	90	72	331	612	0.54	72	331	612	0.54	69	314	587	0.54
29828	Arthroscopy biceps tenodesis	90	67	123	302	0.41	64	117	288	0.41	53	114	239	0.48
23120	Partial removal collar bone	90	60	104	270	0.39	58	98	261	0.38	46	91	207	0.44
28308	Incision of metatarsal	90	58	154	232	0.66	37	94	148	0.64	27	93	108	0.86
15731	Forehead flap w/vasc pedicle	90	57	237	314	0.76	53	231	292	0.79	46	227	253	0.90
58575	Laps tot hyst resj mal	90	49	65	245	0.27	24	24	120	0.20	19	24	95	0.25
29879	Knee arthroscopy/surgery	90	45	65	158	0.41	39	52	137	0.38	33	50	116	0.43
15734	Muscle-skin graft trunk	90	35	129	350	0.37	19	76	190	0.40	17	55	170	0.32
19357	Breast reconstruction	90	35	160	420	0.38	10	41	120	0.34	8	41	96	0.43
63081	Remove vert body dcprn crvl	90	31	59	326	0.18	25	48	263	0.18	19	48	200	0.24
15730	Mdrc flap w/prsrv vasc pedcl	90	28	58	126	0.46	27	53	122	0.44	21	51	95	0.54
23430	Repair biceps tendon	90	26	59	117	0.50	22	53	99	0.54	18	52	81	0.64
22830	Exploration of spinal fusion	90	11	33	66	0.50	7	25	42	0.60	6	25	36	0.69
67255	Reinforce/graft eye wall	90	11	42	72	0.59	11	42	72	0.59	11	42	72	0.59

SOURCE: CMS IDR, October 14, 2020. The 99024-coded claims listed in this table were linked to clean procedures furnished from January 1, 2019, through December 31, 2019.

NOTE: Study sample comprises clean procedures that were linked to post-operative visits for practitioners in practices with ten or more practitioners in the nine states where reporting of post-operative visits was required.

High-volume providers includes procedures that met the following inclusion criteria: one of the clean procedure codes; performed from January 1, 2019, through December 31, 2019, for a Medicare FFS beneficiary; performed in one of the nine states in a practice with ten or more practitioners; and performed by practitioners who billed ten or more procedures with 90-day global periods from January 1, 2019, through December 31, 2019.

Robust reporters includes procedures that met the following inclusion criteria: one of the clean procedure codes, performed from January 1, 2019, through December 31, 2019, for a Medicare FFS beneficiary; performed in one of the nine states in a practice with ten or more practitioners; performed by practitioners who billed ten or more procedures with 90-day global periods from January 1, 2019, through December 31, 2019; and reported at least one claim for a post-operative visit for at least 50 percent of procedures performed during the study period.