

The Importance of CPT 99024

Find out why you should be reporting this code.

BY MICHAEL L. BRODY, DPM

The 2017 Physician Fee Schedule Final Rule requires practitioners in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island to report on post-operative visits during global periods using CPT code 99024.

CMS had planned to remove all 10 and 90-day global periods and make all codes that had a 10 or 90-day global period a 0-day global period. It was believed the current RVU for certain codes was inappropriate

and that was the driving factor in that change. For a number of technical reasons, they are not able to make that change at this time. What has happened is that CMS will now

interest of each and every podiatrist to report CPT 99024. This will ensure that the typical workload at a podiatry practice is taken into consideration when valuing CPT codes.

It is in the interest of each and every podiatrist to report CPT 99024.

be looking at the billing of 99024 with respect to procedures with global periods and, based upon their findings, the RVU for these codes may be adjusted. As a result, all doctors in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island are required to submit claims with 99024 each time a patient is seen during the global period for a set of procedures (CPT codes).

Providers in small practices (less than 10 practitioners in the practice) are excluded from mandatory reporting; however, the information that is collected WILL be used by CMS in determination of RVUs for the CPT codes. It is in the

About CPT code 99024

99024—Post-operative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a post-operative period for a reason(s) related to the original procedure.

- Applies to surgeries with 90 and 10-day global periods.
- Indicates that a required post-operative visit has been provided.
- Zero dollar amount associated with 99024. Payment has already been received through the single global surgical payment.
- Does not require the same documentation requirements as standard evaluation and management services. Documentation should describe the patient's recovery from the surgical procedure and continued treatment plan.
- Surgeons who do not provide the required post-operative visits must bill the original surgery CPT code with modifier 54—surgical care only. The physician who takes re-

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TABLE I:

Common CPT Codes Requiring CPT 99024

Among the CPT codes included in this set are:

11750	Removal of nail bed
11765	Excision of nail fold toe
28122	Partial removal of foot bone
28124	Partial removal of toe
28232	Incision of toe tendon
28270	Release of foot contracture
28285	Repair of hammertoe
28296	Correction hallux valgus
28308	Incision of metatarsal
28470	Treat metatarsal fracture
28510	Treatment of toe fracture
28810	Amputation toe & metatarsal
28820	Amputation of toe
28825	Partial amputation of toe

CPT 99024 (from page 37)

sponsibility for the post-operative visits would bill the same original surgery CPT code with modifier 55-post-operative management only.

for these codes more accurately reflects the work associated with each of these codes. The original proposal included a 5% holdback for providers who did not report 99024; the provision for the hold-

We are already over half way through 2017. If you have not been reporting these codes to CMS yet, now is the time to begin. When CMS reviews these codes for adjustments we want to ensure that the total reimbursement for Podiatrists for providing these services is appropriate with the sum of both the operative value and post-operative value of the services we provide. **PM**

If you have not been reporting these codes to CMS yet, now is the time to begin.

The full list of codes can be downloaded from the CMS Site at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Codes-for-Required-Global-Surgery-Reporting-CY-2017.zip>

The data collected will be utilized by CMS to review the current RVUs assigned to the CPT codes in the set so that reimbursement

back was removed from the final rule. In addition to the value to CMS, if you include 99024 in your billing, you can utilize reports from your computer systems to determine the cost to you when providing certain services. This information is just one more snapshot you can get when evaluating your practice from the perspective of revenue cycle management.



Dr. Michael Brody has presented webinars for the e-Health initiative, (www.ehealthinitiative.org/) and is active in the EMR workgroup of the New York E Health Collaborative (www.nyehealth.org/). He has provided consulting services to physicians for the implementation of EHR software and to EHR vendors to assist in making their products more compatible with CCHIT and HIPAA guidelines. Dr. Brody is a member of AAPP.
