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Importance of 99024-Postoperative Visits

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Code 99024 captures services normally included in the surgical package, indicating an evaluation and management (E/M) service was performed during a postoperative (post-op) period for reasons related to the original procedure. Although you may not think you get paid for it, it's included in the payment for surgery.

Since Medicare pays for the service "in advance," it is appropriately interested in whether those services are performed. CPT 99024 is a Medicare bundled code with zero relative value units (RVUs) and no fee on the Medicare Physician Fee Schedule (MPFS), so you may wonder why CMS is interested in collecting this data. Thorough post-op care reduces the risk of complications of surgery (including pain), helps to manage side effects of treatment, and supports recovery.

In fact, a Medicare bundled code is reimbursed by Medicare, but not at the time the service is performed. According to the MPFS, "… payment for them is subsumed by the payment for the services to which they are incident." In other words, payment for post-op care "tomorrow" is included in payment for the surgery "today."

One reason for CMS's decision to gather more data was that CMS realized not all surgeons who perform post-op visits report 99024. If CMS is to use reported data to determine the fee schedule, then accurate data is essential: Surgeons must report all post-op care they provide using 99024.

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It's About Capturing Physician Work in Patient Care

Reporting 99024 for post-op care will not only help to ensure surgeons are reimbursed adequately for all the work they perform, but also serve as a reminder of the value and importance of post-op physician visits in achieving better health outcomes for patients.

Value of Procedures Performed

When the value of any procedure is determined, the number of global postoperative visits that typically follow is taken into consideration. For example, the value of CPT 11750, (Excision of nail and nail matrix, partial or complete, for permanent removal) that may be used for ingrown or deformed nails was determined with the assumption that podiatrists are providing one postoperative visit within the 10-day global period. Podiatrists will get paid more for CPT 11750 if the Centers for Medicare and Medicaid Services (CMS) know that they are providing a "free" global visit. Ultimately, however, the Centers for Medicare and Medicaid Services (CMS) only knows for sure that a global visit was provided when one submits CPT 99024.

The Problem Caused

In the 2019 Medicare Part B Physician Fee Schedule Proposed Rule, CMS published its concern that postoperative global visits are occurring so infrequently that they may lower the values associated with procedures that carry a global period. From the CMS perspective, if the global visit is not occurring, it should not be included in the value of the procedure. This can lead to the assigned value of our procedures being reduced.

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What Can be Done?

The greatest concern is that CMS is working with inaccurate information. This would be the case if these postoperative global visits are, in fact, occurring but are not being reported. Some may not report these visits because they think it wastes time to submit a claim with a $0 charge. Some may even lose money by submitting these visits if they have to pay a clearinghouse or some other entity every time they submit a claim.

The most important thing that podiatrists can do right now is to submit CPT 99024 every time they perform a postoperative global visit during the global period following a procedure. Even though this code does not carry any monetary value, the aforementioned analysis shows that CMS uses submission rates to make important decisions.

A low submission volume has led CMS to believe that these services are not being provided. That misconception can have a negative impact on the value of many procedures performed.