



InHealth Professional Services Coding and Compliance News Letter April 2021

DOCUMENTATION RULES FOR MINOR AND MAJOR SURGERY

MAJOR AND MINOR SURGERY

Major Surgery

On March 17, 2021, the AMA put out an update to their E/M Coding Guidelines to address an area within the new rules that quantified the difference between major and minor surgery. The distinction, in the past, was based on the global day assigned to the surgical procedure. For example, some skin surgeries in the office had a 10-day global period. Anything with a 0–10-day global period is “minor surgery.” On the other hand, some surgeries, like a cataract extraction had a 90-day global period. Anything with a 90-day global period was considered major surgery.

When the new E/M guidelines came out in January of this year, many coders, including me, used the old rule and would look at surgery as minor or major based on the traditional definition of the surgery based on their global period. The AMA confirmed that this was not

their intent. So, moving forward, they want to ensure that providers understand the “new” interpretation of minor and major surgery.

What this means to you, as a provider, is that you are going to have to do some homework and help your billing department.

What Is the Difference

In one AMA “update,” the following was written: “The global periods do not determine the definition. They could be part of the consideration. This is the RISK columns, so procedural risk, not global periods are relevant. The clinician best understands the risk. We do not guide auditors on this. Specialty societies may have guidance on risk and “major” and “minor.”

What Does That Mean

Well, it means they are leaving it up to you, the clinician, to determine

what is minor and major and what are the risks both procedurally and from a patient perspective.

What Do I Do Next?

Simple, run a summary CPT Productivity report that shows the top 15 – 20 surgical procedures you do. Then, next to each surgery just indicate if that surgery, in your clinical judgement, is “minor” or “major.” We know that most surgeries in the hospital under general anesthesia would be “major.” Next, you have to look at each minor and major surgery and indicate if there are any procedural risk associated with that surgery OR, if a minor surgery, what are the procedural or patient risks associated with the procedure.

For example, a patient undergoing a total knee arthroplasty would be major surgery. If that patient is diabetic and on Warfarin you might also say that this is a major

procedure with identified patient risk factors.

A simple I&D in the office under local anesthesia would be minor surgery.

However, a CESI in the surgical center under fluoroscopic guidance could be a minor surgery with identified procedural risk factors.

In Closing

Step One:

Run the CPT Summary report that shows your top 15-20 surgeries.

Step Two:

Indicate for your billing department which surgery, in your clinical judgement, is major surgery or minor surgery.

Step Three:

Take the Major and Minor surgery list and identify which ones have procedural risk factors

Step Four:

For the major and minors without procedural risk factors, indicate what would make them major or minor with patient risk factors.

For Example:

If major surgery without procedural risk factors, indicate any patient risk factors – like DM, CAD, Hx of Stroke – in other words, if I schedule this “major surgery without risk factors,” what would some patient risk factors be that would make this “major surgery with identified patient risk factors.”

So, I have DM – If I have a laparoscopic cholecystectomy I’m major surgery with identified patient risk factors, my wife, on the other hand is in awesome shape and has no preexisting systemic diseases and would be major surgery without patient or procedural risk factors.

Questions

If you want to talk about the issue in this newsletter, or any other coding dilemma – reach out to us anytime:

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