TITLE: Cancelled Surgical Cases and Associated Pre-operative E/M Services

POLICY/PURPOSE: When surgical cases and corresponding anesthesia cases are cancelled, the associated pre-operative visits may be billed separately by both the surgical department and the anesthesia department if the E/M requirements are met. This policy is designed to assist with retrospective revenue capture.

DEFINITIONS:

PROCEDURE:

Check day of cancelled case and one week prior to date of cancelled case.

A. Surgical Service

1) Associated pre-operative visits may be billed separately if performed by the provider scheduled to perform the cancelled case, a different provider in the same group and of the same specialty as the provider scheduled to perform the cancelled case, or an advanced practice professional in the same group as the provider scheduled to perform the cancelled case. Follow the Center for Medicare and Medicaid Services' (CMS) *Evaluation and Management Documentation Guidelines* to determine the appropriate level of service. Residents may perform the pre-operative visit but must comply with payer requirements for documentation and physician supervision.

2) If the pre-operative visit related to the cancelled surgery was already billed with Modifier -57 (Decision for Surgery), an additional pre-operative visit may not be billed.

Keep in mind payer guidelines concerning billing for E/M services provided by advanced practice professionals or residents.

B. Anesthesia Service

1) Anesthesia pre-operative visits associated with the cancelled surgical case may be billed separately if performed by the anesthesiologist or an advanced practice professional working within the Anesthesiology Department. Residents working within or rotating through the Anesthesiology Department may perform the pre-operative visit but must

comply with payer requirements for documentation and physician supervision. Follow the Center for Medicare and Medicaid Services' (CMS) *Evaluation and Management Documentation Guidelines* to determine the appropriate level of service.

Keep in mind payer guidelines concerning billing for E/M services provided by advanced practice professionals or residents.

REFERENCES:

AMA. CPT 2020 (professional edition). p. 72.

CMS. Medicare Claims Processing Manual Internet-only Pub. No. 100-04. Ch. 12. §§ 30 and 40.

APPROVED BY: Maryann C. Palmeter, Director, Physician Billing Compliance