

Medicare Contractor Reverses Decision on Fracture Codes

Academy leads effort to reverse National Government Services policy allowing reimbursement of PA claims for closed treatment fractures

AAPA has been notified by National Government Services (NGS), the Medicare contractor for CT, IN, KY, and NY, that [their recent decision](#) to deny all codes submitted with a 90 day global period, including the closed treatment of fractures, has now been suspended. AAPA contacted NGS Medicare, and worked closely with many stakeholders, including the CT Orthopaedic Society, the NY Orthopaedic Society, PAOS, and Karen Zupko Associates appealing denials and assisting the many PAs and their practices who were impacted by this unfortunate policy.

From Dr. Paul Deutsch, Medical Director of NGS:

“As you have been informed, the newly-implemented edit for surgical services with a 90-day global period performed by Physician Assistants has been temporarily inactivated while it is being reviewed. This will provide an opportunity for NGS to re-look at the content and purpose of the edit in order to inactivate it permanently or revise it appropriately. Please note, there may be services for which PAs were not previously covered to perform and which were unrelated to this edit that would remain non-reimbursable. However, those services related to the closed treatment of a fracture will be reimbursed as before the implementation of this recent edit. We are reviewing the services that were denied with a plan to readjust specific codes as appropriate avoiding the need for appeals.

The edit was developed in accordance with the Medicare Benefits Policy Manual (pub 100-02) Chapter 15 Section 190.B.3 which states that those services that PAs may provide includes "minor surgery." CMS defines minor surgery as those procedures with 000 and 010 global periods. In an attempt to expedite claims processing

the edit was set to look at the 90-day global period services. In doing so, we overlooked the additional citation that included "setting casts for simple fractures." We agree that this oversight needed to be corrected. As I indicated, we will be reviewing the entire issue before any consideration of similar multiple code edits.

I apologize for the inconvenience and confusion, and hope to be able to seek your advice in future consideration of such reimbursement determinations."

AAPA awaits further instruction regarding resubmission of the previously denied claims. For further information, contact Tricia Marriott, AAPA Director of Reimbursement Advocacy, tmarriott@aapa.org .