

REPORT HIGHLIGHTS



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CMS Should Improve Its Methodology for Collecting Medicare Postoperative Visit Data on Global Surgeries

Why OIG Did This Audit

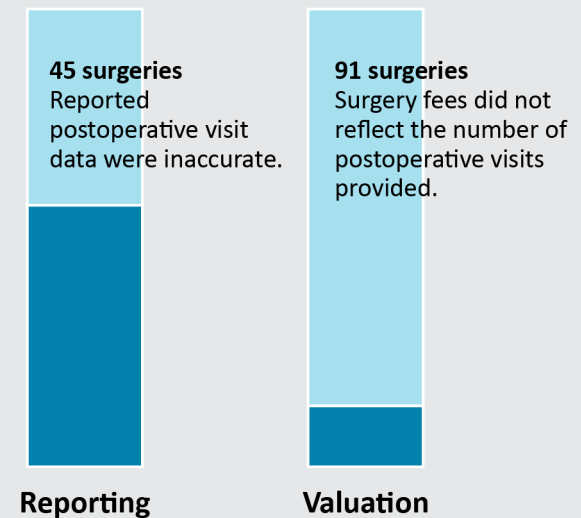
- Under Medicare's global surgery policy, [CMS](#) bundles into a single payment those services normally furnished by a practitioner before, during, and after a procedure, such as postoperative visits.
- Prior OIG work raised concerns that CMS may not have been valuing global surgeries appropriately.
- As part of the Medicare Access and CHIP Reauthorization Act of 2015, Congress mandated that CMS gather information from physicians to assist in improving the accuracy of global surgery valuation, and that we audit a sample of that information needed to value global surgeries to verify its accuracy.

What OIG Found

Although practitioners are not required to provide Medicare patients the number of postoperative visits that CMS considered in valuing the global surgery fee, based on our sample results, we discovered that overall, fewer visits are provided than are considered in the valuation. We estimated that Medicare paid a net \$5.7 million more and that Medicare patients paid a net \$1.7 million more than would have been paid if global surgery fees reflected actual utilization of postoperative visits.

Postoperative visit data CMS gathered for 45 of 105 sampled global surgeries were inaccurate and cannot assist in improving global surgery valuation as Congress intended. Improving global surgery valuation is still needed, as we identified that the fees for 91 of 105 sampled global surgeries did not reflect the number of postoperative visits provided.

Of 105 randomly sampled global surgeries:



What OIG Recommends

We made five recommendations to CMS, including procedural recommendations to address improving the accuracy of postoperative visits reported by practitioners and updating the global surgery fees to reflect the number of postoperative visits actually being provided to Medicare patients. The full recommendations are in the report.

CMS concurred with one of our recommendations but did not indicate either concurrence or nonconcurrence with the remaining recommendations. In addition, it detailed steps it has taken and plans to take in response to our recommendations.