

CHAPTER 1
SECTION 4.6

PRE AND POST SURGICAL HOSPITAL VISITS

Issue Date: March 3, 1992

Authority: [32 CFR 199.4\(c\)\(2\)\(i\)](#)

I. PROCEDURE CODE RANGE

99221 - 99233

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for claims processing for claims submitted on or after January 1, 1992.

II. DESCRIPTION

Routine visits that are considered related to the surgical procedure.

III. POLICY

Routine pre- and post-operative visits are included in the global charge for the surgical procedure. No additional allowance may be made for routine pre- and post-operative visits.

IV. EXCEPTIONS

A. Surgical procedures designated in the Physicians' Current Procedural Terminology, Fourth Edition, with an asterisk do not include the pre- and post-operative visits in the surgical allowance. The visits are covered on a fee-for-service basis.

B. If a patient is hospitalized for a period of time prior to surgery in order to perform diagnostic services to determine the need for surgery or to permit stabilization of the patient's condition prior to surgery, the pre-surgical visits are not routine. Payment may be made on a fee-for-service basis.

C. All services provided by the surgeon for post-operative complications (e.g., replacing stitches, servicing infected wounds) are included in the global package if they do not require additional trips to the operating room. All visits with the primary surgeon during the 90-day period following major surgery are included in the global package (see [Chapter 13, Section 3.7](#)).

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