



Related MLN Matters Article #: MM5025

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Payment for Evaluation and Management Services Provided During Global Period of Surgery

Key Words

MM5025, CR5025, R954CP, Evaluation, Management, Global, Period, Surgery

Provider Types Affected

Physicians and qualified non-physician practitioners (NPP) who bill Medicare Carriers for their services

Key Points

- The effective date of the instruction is June 1, 2006.
- The implementation date is August 20, 2006.
- Physicians and qualified non-physician practitioners (NPP) should use Current Procedural Terminology (CPT) modifier -25 to designate a significant, separately identifiable evaluation and management (E/M) service provided by the same physician/qualified NPP to the same patient on the same day as another procedure or other service with a global fee period.
 - CPT modifier -25 identifies a significant, separately identifiable E/M service.
 - Modifier -25 should be used when the E/M service is above and beyond the usual pre- and post-operative work of a procedure with a global fee period performed on the same day as the E/M service.
 - Different diagnoses are not required for reporting the E/M service on the same date as the procedure or other service with a global fee period. Modifier -25 is added to the E/M code on the claim.
 - Although documentation is not required to be submitted with the claim, the E/M service and the procedure must both be appropriately and sufficiently documented by the physician or qualified NPP in the patient's medical record to support the need for Modifier -25 on the claim for these services.

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- Carriers **will** adjust claims brought to their attention but **will not** retract payment for claims already paid or retroactively pay claims processed prior to the implementation of CR5025.
- Carriers **will not** pay for an E/M service reported with a procedure having a global fee period unless CPT modifier -25 is appended to the E/M service to designate it as a significant and separately identifiable E/M service from the procedure. Such payment will be denied with the following messages:
 - **Claim Adjustment Reason Code 97** – Payment is included in the allowance for another service/procedure.
 - **Remittance Advice Remark Code M144** – Pre-/post-operative care payment is included in the allowance for the surgery/procedure.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5025.pdf>

CR1250, Transmittal A-00-40, July 20, 2000, *Further Information on the Use of Modifier -25 in Reporting Hospital Outpatient Services*, can be found at

<http://www.cms.hhs.gov/transmittals/downloads/A0040.PDF> on the CMS website. This article provides information that is especially helpful for emergency department use of modifier -25.

CR1725, Transmittal A-01-80, June 29, 2001, *Use of Modifier -25 and Modifier -27 in the Hospital Outpatient Prospective Payment System (OPPS)*, can be found at

<http://www.cms.hhs.gov/Transmittals/Downloads/A0180.pdf> on the CMS website.

CR5025 is the official instruction issued to carriers regarding changes mentioned in this article, MM5025. CR 5025 may be found by going to <http://www.cms.hhs.gov/Transmittals/downloads/R954CP.pdf> on the CMS website.

For questions about this issue, affected providers should refer to their local carrier whose toll free phone number can be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.