Commercial Plans
CODING FACT SHEET

Global Code Edits

Description:
These edits identify and recommend denial of Evaluation & Management (E&M) procedure codes billed by the same provider within a procedure's pre-operative or post-operative period. The rule looks across claims submitted for the same member, on the same date of service, by the same provider where the first 3 digits of any diagnosis code match (indicating related procedures).

Centers for Medicare and Medicaid Services (CMS) guidelines state that when a substantial diagnostic or therapeutic procedure is performed, related E&M services are included in the global period for the more substantial procedure. The global period associated with each code is taken directly from the Medicare Physician Fee Schedule data base.

A major procedure is any procedure with a global period of 90 days. The global period is counted as 1 day immediately before the day of surgery, the day of surgery, and 90 days immediately following the day of surgery.

A minor procedure is any procedure with a global period of 10 days. The global period is counted as the day of surgery and 10 days following the day of surgery.

For more information, see the CMS Medicare Learning Network Global Surgery Booklet at
https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/globallsurgery-icn907166.pdf

Modifiers:
To expedite payment, submit codes with valid modifiers where the medical record demonstrates they are appropriate.

Modifier overrides are allowed for E&M procedures submitted during the post-operative time frame (e.g. -24, -25, -79). Modifier -57 (Decision for surgery) is allowed for E&M procedures during the pre-operative time frame for major procedures only.

Examples:
For illustration purposes only; codes subject to change

Global Procedure				E&M Procedure				
Code	**Description**	**Diag Code**	**DOS**	**Code**	**Description**	**Diag Code**	**DOS**	**Result**
42500	Plastic Repair of Salivary Duct …	**K11**.0	2/1/2022	99205	Office or other outpatient visit …	**K11**.9	3/1/2022	E&M visit denies because it is within the post-operative period of 90 days
42500	Plastic Repair of Salivary Duct …	**K11**.0	2/1/2022	99205	Office or other outpatient visit …	**K11**.9	1/31/2022	E&M visit denies because it is within the pre-operative period of 1 day
25076	Excision tumor forearm and/or wrist area …	**C49**.1	2/15/2022	99202	Office or other outpatient visit …	**C49**.11	2/20/2022	E&M visit denies because it is within the post-operative period of 90 days
66130	Excision of lesion sclera	**H57**.89	2/10/2022	92014	Ophthalmological services medical examination …	**H57**.9	2/12/2022	E&M visit denies because it is within the post-operative period of 90 days

Providers are responsible for accurately reporting services with the correct CPT and/or HCPCS codes and for appending applicable modifiers as appropriate based on medical record review. Providers should be familiar with AMA/CPT coding instructions as well as CMS code editing logic and submit claims that comply with existing guidelines.