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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Separate payment for E/M services and a 0 or 10-day global procedure reported with Modifier 25

American Academy of Pediatrics Committee on Coding and Nomenclature and the Private Payer Advocacy Advisory Committee

1) Differentiating E/M from 0 or 10-day global procedure: Although CMS NCCI acknowledges that *"The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service,"* NCCI also states *"However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25"* and that *"The E&M service and minor surgical procedure do not require different diagnoses."* ([2017 CMS NCCI Policy Manual](#))

2) Furthermore, NCCI provides an example of a scenario that warrants a separately reported E/M: *"If a physician determines that a new patient with head trauma requires sutures, confirms the allergy and immunization status, obtains informed consent, and performs the repair, an E&M service is not separately reportable. However, if the physician also performs a medically reasonable and necessary full neurological examination, an E&M service may be separately reportable."* ([2017 CMS NCCI Policy Manual](#)).

3) As can be seen in the CMS example above, the evaluative components of 0 or 10 day global procedures are insignificantly minimal. If there is clinical need to perform significant evaluative services on the day of a 0 or 10 day procedure, the elements of this evaluative service (History, Exam, Decision-Making) are not already accounted for in the reported procedure and can only be represented by a separately reported E&M.

4) In addition, over the past year, CMS and the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) have pursued identification and elimination of any existing work overlap for 0-day globals reported with an E/M over 50 % of the time. Thus, payers should not then further reduce payments for potential overlap as that adjustment is already incorporated into the value of the procedure code. For example, RUC staff notes that:

"In the Final Rule for CY 2017, CMS had finalized a list of 000-day global services reported with an Evaluation and Management (E/M) service 50 percent of the time or

more, on the same day of service, same patient, by the same physician, that have not been reviewed in the last five years with Medicare utilization greater than 20,000. The RUC reviewed these services at the April 2017 meeting. The RUC has determined to what degree pre-service evaluation and/or post-service time should be reduced to account for overlap with E/M services on a case-by-case basis."

5) Especially in pediatric care where communication and assessment are challenging in the typical family/child setting, the physician may need to perform a distinct and significant E/M service on the same day as a 0 or 10 day global procedure in order to more fully evaluate any conditions accompanying the procedure. This evaluative work is not included in the reporting of the procedure.

6) This acknowledgement of the lack of significant evaluative elements in the 0 or 10 day procedures represents a separate and distinct concept than what underlies the same day provision of a preventive medicine service along with an accompanying E&M. Payers who have developed policies that reduce E&M payment when performed on the same day as a preventive medicine visit should not also assume that such a principle would similarly apply to the E&M payment on the same day as a procedure. When appropriately documented and coded, the separate and significant E&M service performed on the day of a procedure is not only medically necessary but also not accounted for in any part of the procedural service.