



Commercial Plans FACT SHEET

Global Procedure (Maternity) Edits

Description:

These edits identify and recommend denial of Evaluation & Management (E&M) procedure codes billed by the same provider within a maternity procedure’s ante(pre)-partum and post-partum period. It 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).

The Centers for Medicare and Medicaid Services (CMS) determined that when a substantial diagnostic or therapeutic procedure is performed, related Evaluation and Management (E&M) services are included in the global period for the more substantial procedure. This restriction applies to global maternity codes (e.g., 59400, 59510, 59610, and 59618).

These codes include an ante-partum period of 270 days and a post-partum period of 45 days. Related E&M procedures submitted during the ante-partum period, on the same date of service, or during the post-partum period are denied. However, E&M visits related to a current complication or high-risk condition may be paid separately when submitted with an appropriate modifier and, during the ante-partum period, a high-risk diagnosis code.

Modifiers:

To expedite payment, submit codes with valid modifiers where the medical record demonstrates they are appropriate. To override a denial on an E&M visit:

- In the post-partum period, use modifier -25
- In the ante-partum period, use modifier -25 **and** a high-risk diagnosis code list (found on siho.org / Provider)

Examples:

For illustration purposes only; codes subject to change

Global Procedure					E&M Procedure					Result
Code	Modifier	Description	Diag Code	DOS	Code	Modifier	Description	Diag Code	DOS	
59400	none	Routine obstetric care	<u>Z34.00</u>	3/1/2022	99214	none	Office visit	<u>Z34.01</u>	3/5/2022	E&M visit denies because it is within the post-partum period of 45 days
59510	none	Routine obstetric care	<u>Z34.00</u>	3/1/2022	99214	-25	Office visit	<u>Z34.01</u>	3/5/2022	E&M visit pays during post-partum period because of modifier -25 inclusion
59618	none	Routine obstetric care	<u>Z34.00</u>	3/1/2022	99214	-25	Office visit	<u>Z34.01</u> F11.13	2/25/2022	E&M visit pays during ante-partum period because of modifier -25 inclusion and high-risk diagnosis code

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.