



AETNA BETTER HEALTH® of Illinois Policy

Policy Name:	Global Surgery Policy	Page:	1 of 4
Department:	Medical Payment Policy	Policy Number:	XXXX.XX
Subsection:		Effective Date:	11/1/2023
Applies to:	■ Medicaid Health Plans		

PURPOSE: This policy provides guidelines of when an E&M visit can be billed post surgery.

STATEMENT OF OBJECTIVE: The policy which is based on CMS Guidelines provides guidance on billing an E&M Code after a Surgical Procedure.

DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Louisiana Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and



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	people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Global Surgery Policy	Healthcare payment policy that bundles necessary services provided by the surgeon or their group and pays for pre-operative, intra-operative, and post-operative care into a single payment for certain procedures.
Evaluation and Management E/M modifier 25	This code a separate identifiable Evaluation and Management service or qualified health care professional provided on the same day as procedure. The patient's condition required a separate, medically necessary, even if the condition is related to the procedure itself.

REIMBURSEMENT GUIDELINES:

Modifier 25 with E/M Services Reported with Procedures

- According to our policy, which is based on CMS Policy, when an Evaluation and Management service is billed with modifier 25 on the same day as a procedure with a 0-day, 10-day, or 90-day postoperative period, the Evaluation and Management service is payable only if it is significant and separately identifiable.

LEGAL/CONTRACT REFERENCE:

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])

FOCUS/DISPOSITION:

Responsibilities

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.



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OPERATING PROTOCOL:

Systems

- Business application systems

Measurement

- Edit Accuracy
- Edit Application
- Overturn of Adjustment Rates

Reporting

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

INTER-/INTRADEPENDENCIES:

Internal

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit

External

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors
- Aetna Better Health



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Kimberly Foltz
Interim Chief Executive Officer

Glen Davis, MD
Chief Medical Officer

Review/Revision History	
Revised	08/27/2025