New policy updates

Clinical payment, coding and policy changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the chart below highlighting upcoming new policies.

Effective for dates of service beginning November 1, 2026:

Michigan Medicaid-Policy Guidelines

Provider Notification: Evaluation and Management (E&M) Service with XXX-Day Global Procedure Code

The new policies will define guideline requirements for the following:
Evaluation and Management Services: 92012-92014, 99211-99215, 99217-99223, 99231-99239, 99241-99245, 99251-99255, 99291, 99304-99310, 99315-99316, 99318 (Deleted 01/01/2023), 99347-99350, 99374-99375, or 99377-99378.

Based on the National Correct Coding Initiative Policy Manual and our policy, when an Evaluation and Management (E&M) service appended with modifier 25 or modifier 27 is reported on the same day as a global XXX procedure code, the E/M service is payable only if it is a significant and separately identifiable service.

Additionally, according to NCCI, "…"XXX" procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work shall not be reported as a separate E&M code. Other "XXX" procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician shall not report a separate E&M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure. With most "XXX" procedures, the physician may, however, perform a significant and separately identifiable E&M service that is above and beyond usual pre- and post-operative work of the procedure on the same date of service which may be reported by appending modifier 25 to the E&M code. This E&M service may be related to the same diagnosis necessitating performance of the "XXX" procedure but cannot include any work inherent in the "XXX" procedure, supervision of others performing the "XXX" procedure, or time for interpreting the result of the "XXX" procedure. Appending modifier 25 to a significant, separately identifiable E&M service when performed on the same date of service as an "XXX" procedure may be appropriate in some instances.

Modifier 25 may be appended to E&M services reported with minor surgical procedures (with global periods of 000 or 010 days) or procedures not covered by Global Surgery Rules (with a global indicator of XXX). Since minor surgical procedures and XXX procedures include pre-procedure, intra-procedure, and post procedure work inherent in the procedure, the provider shall not report an E&M service for this work. Furthermore, Medicare Global Surgery Rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure regardless of whether the patient is a new or established patient."

This policy identifies situations in which an Evaluation and Management (E&M) service appended with modifier 25 or 27 is reported with a procedure that has a global indicator of XXX on the same day.

Reference Information
National Correct Coding Initiative (NCCI)