Coding Policy Alerts

May/June 2021

This is the May/June 2021 issue of Providence Health Plan's Coding Policy Alerts. The focus of this update is to communicate to providers new or revised payment policies and coding policies, as well as general billing and coding information.

CODING POLICY UPDATES

NEW POLICY **Coding Policy 30.0 – Laboratory Panel Billing**	Coding Policy 30.0 (Laboratory Panel Billing) addresses correct coding of laboratory panels. Multiple related tests can often be combined into testing panels that are requested with a single testing order, completed with a single biological specimen, and billed using a single code. Testing panels are typically less costly to complete than if each test were ordered and performed individually. Unbundling occurs when a laboratory bills separately for some or all tests analyzed as part of a panel. PHP expects providers to follow CPT guidelines for billing a test or service for which there is no established CPT code. When no specific CPT or HCPCS code exists for the laboratory panel, providers are required to bill the panel using an unlisted code. Guidelines in the CPT book state: "Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code." It is not appropriate for providers to bill any of the tests in a panel separately as if they were performed individually. This is a misrepresentation of services performed and is not appropriate based on either CPT or CMS guidelines. CMS has identified unbundling of lab panels as an example of fraudulent billing. Providers are referred to Coding Policy 30.0, which is published on ProvLink, for additional information.
UPDATED POLICY **Coding Policy 62.0 – Incident To**	Coding Policy 62.0 was updated to show that physical therapy assistants (PTA) performing within scope of license under direct supervision of a physical therapist may bill "incident to" the supervising physical therapist. PTAs may not provide evaluative or assessment services, make clinical judgments or decisions; develop, manage, or furnish skilled maintenance program services; or take responsibility for the service. They act at the direction and under the supervision of the treating physical therapist and in accordance with state laws. For services on or after February 4, 2020, and until further notice, PHP allows the supervising provider to be available by audio/video technology rather than in person. This is an emergency provision subject to cancellation at the sole discretion of PHP. Providers are referred to Coding Policy 62.0 on ProvLink for additional information.

GENERAL BILLING/CODING INFORMATION

Preventive E/M Visit on the Same Day as Illness-Related E/M	When both an illness-related E/M service and a preventive medicine E/M service are reported on the same day by the same provider, PHP will reimburse the preventive service only. The examination for an annual physical is comprehensive and includes all body areas and organ systems. When a provider encounters signs and/or symptoms during a preventive visit that significantly alter the history, exam, and medical decision making that would have been performed as part of a routine preventive service, the appropriate level of illness-related E/M code may be billed rather than a preventive service E/M code. CPT has not assigned a time component to preventive medicine E/M services. Some visits may take longer than others, and some will be shorter. Regardless of the time spent, preventive medicine codes are intended to report a comprehensive service that encompasses management of chronic and/or stable conditions, abnormal findings on review of systems, and/or diagnosis and treatment of minor clinical conditions. Providers are referred to Coding Policy 52.0 (Medical Visits) on ProvLink for additional information about billing multiple medical visits on the same date of service.