Coding Policy

Coding Policy Development

CODING POLICY NUMBER: 1

Effective Date: 1/1/2024

Last Review Date: 1/2024

Next Annual Review: 2025

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies"). **The full Company portfolio of current coding policies is available online and can be accessed here.**

POLICY APPLICATION

☒ Providence Health Plan Participating Providers ☒ All Service Areas

☒ Commercial ☒ Medicaid/Oregon Health Plan ☒ Medicare

POLICY STATEMENT

I.   Coding policies establish coding and billing standards that support uniform and consistent reimbursement of health care services.

II.   Coding policies are derived from:

A.   Standards developed by Company directives;

B.   Providence Health Plan Medical Director procedure-specific policies (previously known as Edit Reviews);

C.   Centers for Medicare and Medicaid Services (CMS) Billing and Coding Policies;

D.   Medicare's Resource Based Relative Value System (RBRVS);

E.   National Correct Coding Initiative Policy Manual;

F.   American Medical Association coding guidelines for CPT codes;

G. World Health Organization coding guidelines for ICD-10-CM codes;
H. Clinically derived edits from Optum Clinical Edit Software (CES); and
I. Coding guidelines from medical specialty associations.

III. Coding policies may contain fee information but do not establish contracted rates.

PROCEDURE

BACKGROUND

Coding policies are reviewed annually by the Coding Policy Review Committee. The following factors are included in the development of coding policies:

- Compliance with government programs
- Customer service
- Clinical appropriateness
- Overall cost versus benefit
- Impact on provider community
- Operational ease of administration
- Compatibility with payment systems

Coding policies are developed with input from the following departments:

- Health Care Services/Medical Management
- Medical Directors
- Provider Relations
- Provider Contracting
- Operations
- Systems Administration
- Finance
- Regulatory Compliance and Government Affairs [ad hoc]

Coding policies are finalized and approved by Coding Policy Review Committee (CPRC), which reports to Medical Expense Management Committee (MEMC).

Coding policy changes are communicated to providers through *Coding Policy Alerts* on ProvLink, special communications, and/or through the contracting process. Coding policies are published on the Providence Health Plan ProvLink website.

REFERENCES

1. American Medical Association (AMA) Coding Guidelines
2. Centers for Medicare Services (CMS) Resource Based Relative Value System (RBRVS)
3. CMS Billing and Coding Guidelines
4. State and Federal Regulations
5. Health Insurance Portability and Accountability Act (HIPAA)
6. Providence Health Plan Clinical Edits
7. National Correct Coding Initiative Policy Manual
8. National Correct Coding Initiative Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 3/1990
1/2024	Annual review with no changes.