Providence Health Plan

Coding Policy Alerts

January/February 2024

This is the January/February 2024 issue of Providence Health Plan's Coding Policy Alerts. The focus of this update is to communicate to providers new or revised coding policies, as well as general billing and coding information.

Providence Health Plan

CODING POLICY UPDATES

Coding Policy 67.0.A (Telemedicine Services Medicare) and 67.0.E (Telemedicine Services All Plans Except Medicare)	CPT codes 0591T, 0592T, 0593T and HCPCS codes G0136, G2211 were added to PHP's telemedicine policies effective January 1, 2024. Note that HCPCS code G0136 is restricted to services performed by two-way video for Medicare members. See Coding Policy 67.0.A for additional information. Only HIPAA-compliant platforms may be used for telehealth services for services performed on or after May 12, 2023. All other guidelines established for telehealth services during the COVID-19 public health emergency will remain in effect until December 31, 2024.
Coding Policy 13.0 (Bundled or Adjunct Services)	HCPCS code G2211 was published 1/1/2021 to report: "Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)." Medicare assigned a status of "B" (bundled) to this code until 1/1/2024. PHP is following Medicare's policy and has removed HCPCS code G2211 from Coding Policy 13.0 (Bundled or Adjunct Services) for services on or after 1/1/2024. PHP will allow HCPCS code G2211 to be paid for services that meet Medicare's criteria for using this code. Providers are referred to Medicare's Claim Processing Manual 100-04, Chapter 12, for circumstances that qualify for reporting HCPCS code G2211. The manual states: "In the context of primary care, HCPCS code G2211 could recognize the resources inherent in holistic, patient-centered care that integrates the treatment of illness or injury, management of acute and chronic health conditions, and coordination of specialty care in a collaborative relationship with the clinical care team. In the context of specialty care, HCPCS code G2211 could recognize the resources inherent in engaging the patient in a continuous and active collaborative plan of care related to an identified health condition the management of which requires the direction of a clinician with specialized clinical knowledge, skill, and experience. Such collaborative care includes patient education, expectations and responsibilities, shared decision-making around therapeutic goals, and shared commitments to achieve those goals." PHP will not pay HCPCS code G2211 when billed on the same date of service as an office/outpatient E/M visit (CPT codes 99202-99205, 99211-99215) reported with Modifier 25 to the same beneficiary by the same practitioner or nonphysician practitioner. See Coding Policy 04.0 (Procedure-Specific Policies), Table 36.
Coding Policy 04.0 (Procedure-Specific Policies)	Added Policy 04.0.36 to show that HCPCS code G2211 (E/M complexity add-on code) is not paid when the associated E/M visit (CPT code 99202-99205 or 99211-99215) is billed with modifier 25 for the same patient by the same practitioner. Separately identifiable visits occurring on the same day as minor procedures, such as zero-day global procedures, have resources sufficiently distinct from the costs associated with providing standalone E/M visits to justify different payment.

Coding Policy 09.0 (Anesthesia)	PHP assigns a 10-day global period to all anesthesia codes in accordance with guidelines in the National Correct Coding Initiative (NCCI) Policy Manual published by the Centers for Medicare and Medicaid Services (CMS). The guidelines from the NCCI Policy Manual were added to Coding Policy 09.0 to explain why PHP assigns the 10-day global period to anesthesia codes.
Coding Policy 52.0 (Medical Visits)	Coding Policy 52.0 was updated to remove the requirement for documenting total time when both a preventive E/M and problem-related E/M are performed for members under 18 years of age. The language in the policy was changed to show that this is a suggestion and not a requirement. PHP advises providers to continue documenting total time when billing both services, as this helps members understand why they have a cost share when they expected their preventive service to be covered in full. Added reference to Coding Policy 04.0.18 to show denial of problem-related E/M billed with preventive E/M for members 18 years and older may be appealed when appropriate.
Coding Policy 34.0 (Administration of Immunizations and Injections)	Effective 9/11/2023, CPT code 90480 (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose) is used for administration of all COVID-19 vaccines. See the policy for additional information, including instructions for billing administration of COVID-19 vaccines for dates of service prior to 9/11/2023.