PROVIDENCE Health Plan

Coding Policy Alerts

September/October 2021

This is the September/October 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.

PROVIDENCE Health Plan

CODING POLICY UPDATES

Telemedicine Policies	CPT code 90849 (Multiple-family group psychotherapy) has been added to PHP's telemedicine policies. This service may be performed by telephone or by two-way video for all lines of business. Although PHP generally follows Medicare's policy for telemedicine services, and Medicare does not include CPT code 90849 on its policy, this code has been added to the PHP policies as an exception. All other psychotherapy codes (90845-90847 and 90853) are on Medicare's telemedicine policy, as well as PHP's policies.
Coding Policy 72.0 (Modifiers 58, 78, and 79)	PHP follows guidelines in the National Correct Coding Initiative Policy Manual, Chapter IV, which state: "The application of external immobilization devices (casts, splints, strapping) at the time of a procedure includes the subsequent removal of the device when performed by the same entity (e.g., physician, practice, group, employees, etc.) Providers shall not report removal or repair CPT codes 29700-29750 for those services. These removal or repair CPT codes may only be reported if the initial application of the cast, splint, or strapping was performed by a different entity." It is not appropriate to bill CPT codes 29700-29750 with any modifier following a procedure performed by the same entity.
Coding Policy 53.0 (Online Digital E/M Services)	CPT codes 98970-98972 (Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days) were added to Coding Policy 53.0 to replace HCPCS codes G2061-G2063.
Coding Policy 30.0 (Laboratory Panel Billing)	A laboratory panel is a collection of individual tests performed on the same date for a specific purpose. These panels are requested with a single testing order and are completed with a single biological specimen. The panel test is represented by a single CPT or HCPCS code, although the individual tests within a panel typically have their own specific assigned CPT or HCPCS code. Testing panels must be billed using a single code. When no specific CPT or HCPCS code exists for the panel, the provider is 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." Unbundling occurs when a laboratory bills separately for some or all tests analyzed as part of a panel. It is not appropriate for the provider to bill any of the tests in a panel separately as if they were performed individually. This is a misrepresentation of services performed.

Coding Policy 08.0 (Duplicate Diagnostic Test Interpretations)	When PHP receives charges for test interpretations (including, but not limited to, Pathology, Radiology, and EKG) from the treating provider (provider who is managing the patient's care) as well as from a specialist in the field whose interpretation was requested by the facility or by the treating provider, PHP pays only the specialist whose interpretation was requested. Payment for review of diagnostic tests performed during the course of treatment is included in payment for E/M services or other services billed by the treating provider. When PHP receives charges for test interpretations from two specialists, PHP pays the first claim received. PHP allows payment for multiple interpretations from different specialists only if the documentation supports medical necessity for separate interpretations.
Coding Policy 29.0 (Date of Service for Professional Claims)	PHP follows the Center for Medicare and Medicaid Services (CMS) guidelines for dates of service for radiology, surgical and anatomical pathology, clinical laboratory services, transitional care management, cardiovascular monitoring, services spanning two calendar dates, and neuropsychological testing and evaluations. The guidelines are outlined on this policy.