PROVIDENCE
Health Plan

Payment and Coding Policy Alerts

November/December 2020

This is the November/December 2020 issue of the Providence Health Plans Payment and 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

GENERAL BILLING/CODING INFORMATION

Update to E&M Codes in 2021	The AMA and CMS are proposing major changes to Evaluation and Management (E&M) codes for office visits. These changes will take effect on January 1, 2021. PHP will follow the Centers for Medicare and Medicaid Services (CMS) guidelines for use of these codes. A brief summary of the proposed changes includes: • CPT code 99201 will be deleted. There will be only four codes (99202-99205) for new patient office visits. • The level of E&M service billed may be determined by time alone OR by medical decision making. • Time used to support the level of service may be both face-to-face and non-face-to-face time. Because of this, CMS will no longer allow codes 99358/99359 (prolonged non-face-to-face services) to be billed with office visit E&M codes. • Effective 1/1/2021, CPT code 99417 will be used to report prolonged services in 15-minute increments beyond the time for the highest level of service in each category, i.e., 99205 or 99215. • CPT code 99211 will be used only when the health care professional's time is spent in supervision of clinical staff who perform the face-to-face services.
Physical Therapy Codes 97112, 97124, and 97140 Billed with Chiropractic Manipulative Treatment (CMT) Codes	PHP follows CMS guidelines outlined in the National Correct Coding Initiative (NCCI) Policy Manual for payment of physical therapy codes billed with chiropractic manipulative treatment (CMT) codes. NCCI procedure-to-procedure edits show CPT codes 97112, 97124, and 97140 are incidental to the codes for CMT (98940-98943). A modifier is allowed to override the edit <u>if appropriate</u>. Providers are responsible for understanding NCCI guidelines for appropriate use of modifiers to override an edit. Chapter 11 of the NCCI Policy Manual states: "Physical medicine and rehabilitation services described by CPT codes 97112, 97124 and 97140 are not separately reportable when performed in a spinal region undergoing CMT. If these physical medicine and rehabilitation services are performed in a <u>different region than CMT</u> and the provider is eligible to report physical medicine and rehabilitation codes under the Medicare program, the provider may report CMT and the above codes using modifier 59 or XS." Based on these guidelines, it is ONLY appropriate to use a modifier to override the edit if physical therapy is performed in a region not related to the region undergoing CMT. Because PHP has found many providers are adding modifier 59 or XS to codes 97112, 97124, and 97140 when physical therapy is performed in the same region undergoing CMT, the modifiers will no longer automatically override the edit. Providers who have supporting documentation showing that therapy was performed in a region not undergoing CMT may submit an appeal with chart notes, and the denial will be overturned upon review if the guidelines are met.
LandmarX System	The LandmarX® Element system is a surgical platform that reformats patient-specific CT images acquired before surgery and displays them onscreen. During surgery, the system tracks the position of the instruments in or on the patient anatomy and updates the instrument position on these images. PHP considers use of LandmarX System to be a technique integral to the primary surgical procedure and not a separately reimbursable service. PHP does not pay separately for an unlisted code or modifier 22 used to report LandmarX System used for surgery or if billed in conjunction with a CT scan.

CPT Code 99072	The AMA published CPT code 99072 effective September 8, 2020, to report supplies and clinical staff time required for screening patients during the COVID-19 pandemic. Code 99072: "Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease." Providers may include CPT code 99072 on their claims; however, payment will be considered bundled to other professional services billed, whether or not those services are performed on the same date. CPT code 99072 has been added to PHP Payment Policy 13.0 (Bundled or Adjunct Services). Supplies are considered part of the practice expense for an office visit, which is accounted for in the RVU. CMS has not established a rate or RVU for CPT code 99072. If CMS eventually pays this code and assigns an RVU, this decision will be reconsidered.

PHARMACY POLICY UPDATE

Changes to Prevnar-13® Coverage	In November 2019, the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) outlined new recommendations for the use of pneumococcal vaccines. They are no longer recommending routine vaccination with 13-valent pneumococcal conjugate vaccine (PCV13 or Prevnar-13®) for patients aged 65 years and older unless there is an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant. All patients aged 65 years and older should continue to receive a single dose of 23-valent polysaccharide vaccine (PPSV23). Therefore, a quantity limitation will be added to Prevnar-13® for adults aged 19 years of age and older limiting patients to one dose. This will be effective on November 1st 2020. This change in recommendations is based on the results from heavier use of pneumococcal vaccination in children that resulted in a decline of infection in unvaccinated children and adults due to lower risk of transmission. The incidence of PCV13-type disease has been reduced to historically low levels among adults age 65 years and older through indirect effects from pediatric PCV13 use. In 2014, the CDC/ACIP recommended to vaccinate all adults aged 65 years or higher with PCV13; however, there was no further improvement in the rates of infection in this population. Also, models predicted limited public health benefits in the long-term, given the relatively low remaining disease burden. ACIP continues to recommend pneumococcal vaccination as follows: • PCV13 in series with PPSV23 for adults aged 19 years and older (including those aged ≥65 years) with immunocompromising conditions*, CSF leaks, or cochlear implants • A single dose of PPSV23 for patients aged ≥65 years • Children aged 6–18 years who are at increased risk for invasive pneumococcal disease (IPD) because of anatomic or functional asplenia [including sickle cell disease (SCD)], HIV infection, cochlear implant, CSF leak, or other immunocompromising conditions ▪ Pneumococcal vaccine naïve: single PCV13 dose first, followed ≥8 weeks later by a dose of PPSV23. A second PPSV23 dose is recommended 5 years after the first PPSV23 dose for children with anatomic or functional asplenia (including SCD), HIV infection, or other immunocompromising conditions

	▪ Previous vaccination with PPSV23, but not PCV13: A single PCV13 dose ≥8 weeks after the last PPSV23 dose. If a second PPSV23 dose is indicated, it should be given ≥5 years after the first PPSV23 dose • PCV13 for 1) all children aged 2-59 months (four-dose series at 2, 4, 6, 12-15 months) and 2) children aged 60-71 months with underlying medical conditions that increase their risk for pneumococcal disease or complications ** Immunocompromising conditions per ACIP: Congenital or acquired asplenia, sickle cell disease/other hemoglobinopathies, chronic renal failure, congenital or acquired immunodeficiencies [i.e., B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease], generalized malignancy, HIV infection, Hodgkin disease, Iatrogenic immunosuppression [i.e., diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy], leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant* Reference: Matanock A, Lee G, Gierke R et al. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥65 Years: Updated Recommendations of the Advisory Committee on Immunization Practices. Morb Mortal Wkly Rep 2019;68:1069–1075. DOI: http://dx.doi.org/10.15585/mmwr.mm6846a5