



Coding Policy Alerts

May/June 2024

This is the **May/June 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.

CODING POLICY UPDATES

<p>Coding Policy 04.0 (Procedure-Specific Policies): Multiple Units of Multi-Leaf Collimator Devices (CPT code 77338)</p>	<p>PHP follows CMS guidance for multiple units of CPT code 77338. The National Correct Coding Initiative (NCCI) Policy Manual states: “Multi-leaf collimator (MLC) device(s) (CPT code 77338) may be reported only once per IMRT plan. If a patient receiving IMRT requires an additional treatment device due to change in tumor volume or change in patient’s weight, this device may be reported with the appropriate code from the range of CPT codes 77332-77334.”</p> <p>CPT code 77338 may be reported once per IMRT plan (CPT code 77301). In rare cases, billing a second IMRT plan during the same course of therapy may be warranted. If performed, a statement from the physician supporting medical necessity is required and must be present within the patient’s medical record. In the event additional IMRT planning is performed without a new CT data set, the IMRT plan (CPT code 77301) is not billable. Additional units of CPT code 77338 may not be paid if IMRT planning is performed without a new CT data set to support CPT code 77301.</p> <p>Company will allow a maximum of one unit of CPT code 77338 within a 90-day period. One additional unit may be paid on appeal if the patient’s medical record shows IMRT planning performed with a new CT data set to support a second unit of CPT code 77301. Additional units of CPT code 77338 within the same 90-day treatment period will be allowed only if documentation is submitted showing a new IMRT plan for a different treatment area. See Coding Policy 04.0 (Procedure-Specific Policies) on ProvLink for additional information.</p>
<p>Coding Policy 04.0 (Procedure-Specific Policies): Health and Well-Being Coaching (CPT codes 0591T-0593T)</p>	<p>Payment for CPT codes 0591T, 0592T, and 0593T (health and well-being coaching) is included in payment for Evaluation and Management (E/M) services. Providers performing these services may bill using the appropriate E/M code supported by the documentation.</p> <p>When billed with an E/M code, CPT codes 0591T-0593T will deny as bundled to the E/M code. When billed without an E/M code, CPT codes 0591T-0593T will deny with the message “Rebill with Alternate Code.” Providers who are credentialed with PHP and who may perform E/M services may submit a corrected claim to report the E/M code supported by the documentation.</p> <p>Codes 0591T-0593T are not payable when performed by providers who are not credentialed with PHP or by providers who may not report E/M services. See Coding Policy 04.0 (Procedure-Specific Policies) on ProvLink for additional information.</p>

GENERAL CODING GUIDELINES

Operating Microscope (CPT Code 69990) Billed With Stereotactic Computer-Assisted Navigation Procedures (CPT Codes 61781-61783)	<p>PHP Coding Policy 04.0 (Procedure-Specific Policies) shows that PHP follows guidelines in the Medicare Claims Processing Manual, Chapter 12, which allows separate payment for operating microscope (CPT code 69990) only with the following codes:</p> <ul style="list-style-type: none"> • 61304 through 61546 • 61550 through 61711 • 62010 through 62100 • 63081 through 63308 • 63704 through 63710 • 64831 • 64834 through 64836 • 64840 through 64858 • 64861 through 64871 • 64885 through 64891 • 64905 through 64907 <p>When both the operating microscope (CPT code 69990) and stereotactic computer-assisted navigation (CPT codes 61781-61783) are used for the same surgery, either CPT code 69990 may be billed or the computer-assisted navigational procedure may be billed, but not both codes. This is true even if the surgery is one which allows payment for CPT code 69990.</p> <p>CPT code 69990 may be billed with a code for stereotactic computer-assisted navigation only if there are separate surgeries performed, and the operating microscope and stereotactic navigation are used for different surgeries. This rationale is supported by the National Correct Coding Initiative (NCCI) Policy Manual published by CMS, Chapter 8, Section C-8, which states that modifier 59 or XU (separate procedure) may be used with CPT code 69990 when billed with CPT codes 61781-61783 only if CPT code 69990 was performed for a procedure OTHER THAN the procedure for which computer-assisted navigation is billed.</p>
---	--