

Coding Policy Alerts

March/April 2021

This is the **March/April 2021** issue of Providence Health Plan's Coding Policy Alerts (formerly Payment and 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.

GENERAL BILLING/CODING INFORMATION AND CODING POLICY UPDATES

Duplicate Radiology and EKG Interpretations	<p>When Providence Health Plan (PHP) receives charges for Radiology or EKG interpretations from two different physicians, PHP will pay only the specialist’s charge, not the treating physician’s charge. When physicians review an x-ray or EKG in the course of providing treatment, payment for this review is included in payment for the E/M service or other service billed.</p> <p>In all cases, a separate written report is required for billing an interpretation. A summary of findings in the body of the operative note or progress note may not be billed separately as an interpretation. However, even if both physicians write separate reports, PHP will allow payment only to the specialist whose interpretation has been requested, such as the radiologist or cardiologist.</p>
COVID-19 Vaccine Administration	<p>Codes for administration of vaccine for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) may be reported with or without modifier CR (catastrophe/disaster related). The modifier is not required, but claims will not be denied if the modifier is used.</p> <p>Because COVID-19 vaccines are supplied by the government at no cost to the provider, there should be no charge to Providence Health Plan (PHP) for the vaccine. Providers may opt to add the vaccine code to the claim if they choose, but it should be billed with a nominal charge of one penny (\$0.01), and the code will be denied. Because the vaccine administration codes identify which vaccine is used, it is not necessary to report the vaccine code on the claim.</p> <p>The American Medical Association has stated that CPT codes 90460 and 90461 <u>may not</u> be used to report administration of COVID-19 vaccines. Only the specific codes listed for administration of each vaccine may be used to report administration of vaccines for COVID-19.</p> <p>As of March 1, 2021, the following codes are available for COVID-19 vaccines and COVID-19 vaccine administration:</p> <p>91300: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use. (Pfizer)</p> <ul style="list-style-type: none"> • Administration codes 0001A (first dose) and 0002A (second dose) <p>91301: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use. (Moderna)</p> <ul style="list-style-type: none"> • Administration codes 0011A (first dose) and 0012A (second dose) <p>91302: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use. (Reserved for AstraZeneca)</p> <ul style="list-style-type: none"> • Administration codes 0021A (first dose) and 0022A (second dose) <p>91303: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use. (Janssen/Johnson & Johnson)</p> <ul style="list-style-type: none"> • Administration code 0031A (single dose)

**Modifiers CR and CS
 for COVID-19 Public
 Health Emergency**

Modifier CR (Catastrophe/disaster related) is used only to identify services for which CMS has issued a blanket waiver for the duration of the COVID-19 PHE. The full list of waivers and flexibilities that require use of modifier CR may be found at the CMS website. See also MLN Matters #SE20011. PHP will not deny claims due to the presence of Modifier CR for items or services where it is not required.

Modifier CS is used to report, “Cost-sharing for specified covid-19 testing-related services that result in an order for or administration of a covid-19 test.” PHP requires use of Modifier CS for services that result in an order for, or administration of, a COVID-19 test. See the June 26, 2020, issue of *Payment and Coding Policy Alerts* on ProvLink for additional information. CPT codes billed with Modifier CS and one of the following diagnosis codes will be paid with no cost share for the member.

- Append Modifier CS to each service that led to the decision to order or administer a COVID-19 test.
- One of the following diagnosis codes **must be the primary position** for each service related to COVID-19 testing for the service to be paid with no cost share for the member.

ICD-10-CM CODE	DESCRIPTION
B97.29	Other coronavirus as the cause of diseases elsewhere classified (services prior to 4/1/20 only)
J01.80	Other acute sinusitis (not applicable to Medicaid OHP)
J02.8	Acute pharyngitis due to other specified organism
J02.9	Acute pharyngitis , unspecified
J06.9	Acute upper respiratory infection
J20.8	Acute bronchitis due to other specified organism
J22	Unspecified acute lower respiratory infection
J80	Acute respiratory distress syndrome
J98.8	Other specified respiratory disorders
M35.81	Multisystem inflammatory syndrome
M35.89	Other specified systemic involvement of connective tissue
M79.10	Myalgia, unspecified site
M79.18	Myalgia, other site
R05	Cough
R06.02	Shortness of breath
R09.81	Nasal congestion
R11.0	Nausea
R11.1	Vomiting
R11.2	Nausea and vomiting

	R19.7	Diarrhea	
	R43.1	Parosmia	
	R43.2	Parageusia	
	R43.8	Other disturbances of smell and taste	
	R43.9	Unspecified disturbances of smell and taste	
	R50.9	Fever, unspecified	
	R51	Headache	
	R53.8	Malaise and fatigue	
	R68.83	Chills without fever	
	U07.1	2019-nCoV acute respiratory disease (confirmed diagnosis only, for services on or after 4/1/20)	
	Z11.52	Encounter for screening for COVID-19	
	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	
	Z20.822	Contact with and (suspected) exposure to COVID-19	
	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	
	Z86.16	Personal history of COVID-19	
HCPCS Code S0250 for Enhanced Annual Wellness Visit	Effective August 1, 2021, the increased payment of 4.0 RVU assigned by PHP to HCPCS code S0250 during the COVID-19 public health emergency (PHE) will be returned to the original pre-PHE rate of 3.0 RVU. HCPCS code S0250 is used to report an Enhanced Annual Wellness Visit (E-AWV) based on guidelines listed in Coding Policy 87.0 (Wellness Visits for Medicare Advantage), which is available on ProvLink.		
Administration of Esketamine (Spravato)	<p>Esketamine (Spravato) is used in conjunction with other medications for treatment of depression. Because of the risks of serious adverse outcomes, esketamine is intended for use only in certified healthcare settings. Providers must monitor patients for at least two hours following administration of esketamine.</p> <p>Effective January 1, 2020, CMS published HCPCS codes G2082 and G2083 to report administration of esketamine. Providence Health Plan (PHP) accepts HCPCS codes G2082 and G2083 for all lines of business. HCPCS codes G2082 and G2083 include provision of the drug itself and should be used only if the drug is supplied by the provider.</p> <ul style="list-style-type: none"> • G2082: Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation • G2083: Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation <p>(continued on next page)</p>		

	<p>For providers who administer esketamine without supplying the drug, PHP will allow CPT codes for staff prolonged services (CPT codes 99415 and 99416) to be billed in conjunction with the appropriate E/M code. One of the following diagnosis codes must be in the primary position on the claim:</p> <p>F32.0 Major depressive disorder, single episode, mild</p> <p>F32.1 Major depressive disorder, single episode, moderate</p> <p>F32.2 Major depressive disorder, single episode, severe without psychotic features</p> <p>F32.9 Major depressive disorder, single episode, unspecified</p> <p>F33.0 Major depressive disorder, recurrent, mild</p> <p>F33.1 Major depressive disorder, recurrent, moderate</p> <p>F33.2 Major depressive disorder, recurrent, severe without psychotic features</p> <p>F33.9 Major depressive disorder, recurrent, unspecified</p> <p>F32.4 Major depressive disorder, single episode, in partial remission</p> <p>F32.5 Major depressive disorder, single episode, in full remission</p> <p>F33.40 Major depressive disorder, recurrent, in remission, unspecified</p> <p>F33.41 Major depressive disorder, recurrent, in partial remission</p> <p>F33.42 Major depressive disorder, recurrent, in full remission</p>
Updates to Coding Policy 13.0 (Bundled or Adjunct Services)	<p>HCPCS code G2211 was published effective January 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).” This code has been added to Coding Policy 13.0 (Bundled or Adjunct Services). Payment for this service is bundled into payment for other services and will not be paid separately, whether or not the other services are performed on the same day. CMS has also assigned a bundled status to HCPCS code G2211.</p>
Updates to Coding Policy 53.0 (Online Digital Evaluation and Management Services)	<p>HCPCS codes G2061-G2063 were removed from Coding Policy 53.0 (Online Digital Evaluation and Management Services) effective December 31, 2020, and replaced with CPT codes 98970-98973 for 2021 services. There were no other changes to the policy.</p>