PROVIDENCE Health Plan

Coding Policy Alerts

January/February 2022

This is the January/February 2022 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

Location/Place of Service Codes for Telemedicine Services in 2022	The description for place of service (POS) code 02 was changed for services on or after January 1, 2022, and a new location code, POS 10, was published. For dates of service on or after January 1, 2022, POS 02 is to be used when the patient is located in a hospital or other facility when receiving telemedicine services, and POS 10 is to be used when the patient is located in their place of residence (location other than hospital or other facility) when receiving telemedicine services. • **02**: The location where health services and health related services are provided or received through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. • **10**: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. PHP telemedicine coding policies (Coding Policies 67.0.A, 67.0.B, 67.0.C, and 67.0.D) have been updated to show that PHP will accept only POS 02 or POS 10 for telemedicine services for dates of service on or after January 1, 2022. For codes with a site-of-service differential, services billed with POS 02 will be paid at the facility rate, and services billed with POS 10 will be paid at the non-facility rate. Modifiers GT and 95 are not required but will not affect payment if used. For additional information, providers are referred to PHP's telemedicine coding policies for specific lines of business (Medicare, Oregon Commercial plans, OHP, and Washington Commercial plans), all of which are available on ProvLink.
Modifiers 93 and FQ for Telemedicine Services in 2022	The Centers for Medicare and Medicaid Services (CMS) published modifier FQ effective January 1, 2022, to identify telemedicine services performed using audio-only communication technology. The American Medical Association (AMA) published modifier 93 effective January 1, 2022, for the same purpose. • Modifier FQ: The service was furnished using audio-only communication technology • Modifier 93: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system PHP telemedicine coding policies (Coding Policies 67.0.A, 67.0.B, 67.0.C, and 67.0.D) have been updated to show that either modifier 93 or modifier FQ is required for all telemedicine services performed on or after January 1, 2022, using audio-only communication technology. For additional information, including a list of telemedicine services that are eligible for audio-only communication technology, providers are referred to PHP's telemedicine coding policies for specific lines of business, all of which are available on ProvLink.

Coding Policy 04.0 (Procedure-Specific Policies) NEW	PHP's Medical Director Edit Reviews have been combined into a single policy, Coding Policy 04.0 (Procedure-Specific Policies), which is now available on ProvLink. Individual Medical Director Edit Reviews are no longer posted on ProvLink, and providers are referred to Coding Policy 04.0 to find these edits. PHP applies National Correct Coding Initiative procedure-to-procedure edits (CCI edits) as published by CMS. In addition, PHP applies the procedure-to-procedure edits identified in Coding Policy 04.0 based on standards for clinical care, CMS coding guidelines, National Correct Coding Initiative Policy Manual coding guidelines, AMA coding guidelines, and/or specialty society coding guidelines.
Coding Policy 11.0 (Place of Service for Diagnostic Services) NEW	PHP follows the Centers for Medicare and Medicaid Services (CMS) guidelines for reporting place of service (POS) for diagnostic services. Many diagnostic services, including lab and radiology services, contain both a technical component (TC) and a professional component (PC). These services are identified on the Medicare Physician Fee Schedule (MPFS) with a PC/TC status indicator of "1." The professional component and technical component of diagnostic services are frequently furnished in different settings. As a general policy, the POS code assigned by the physician/practitioner for the professional component of a diagnostic service shall be the setting in which the beneficiary received the technical component service. There are two exceptions to this general policy: • If the patient is admitted as an inpatient of a hospital (POS code 21) or an outpatient of a hospital (POS code 19 or 22) and is transported to a different location for the technical component of a diagnostic service, the POS is considered to be the place where the patient is admitted, regardless of where the face-to-face encounter occurred. • Surgical specimens obtained from a physician's office (POS 11) or an ambulatory surgery center (POS 24) must be billed as POS 81 with no modifier (global) if both the technical and professional components were rendered at the pathology practice. For additional information, providers are referred to Coding Policy 11.0 (Place of Service for Diagnostic Services), which is available on ProvLink.
Daily Maximum Edits	PHP follows Medicare's Medically Unlikely Edits (MUE). An MUE for a HCPCS/CPT code indicates the maximum units of service a provider would report under most circumstances for a single beneficiary on a single date of service. A list of the daily maximum edits that PHP uses may be found at the CMS website at this link: https://www.cms.gov/medicare/coding/ncci-coding-edits?redirect=/nationalcorrectcodinited/08_mue.asp#TopOfPage
CORRECTION! Billing E/M Codes Based on Time	An article published in the January/February 2021 issue of *Coding Policy Alerts* stated that PHP requires documentation showing start and end times when providers bill E/M codes based on time. This statement was not correct. PHP allows documentation showing either total time OR start and end times to support the level of E/M code selected. Only time spent by the practitioner may be used to support the level of service reported.