

Coding Policy Alerts

July/August 2021

This is the **July/August 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.

CODING POLICY UPDATES

Coding Policy 98.0 (Advance Care Planning)	CPT codes 99497 and 99498 for advance care planning may be reported on the same day as another Evaluation and Management (E/M) service if the documentation clearly shows a discussion with the provider about advance care directives that is separate from the time spent for the E/M service. Modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service) must be appended to CPT code 99497 to allow payment for both services.
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GENERAL BILLING/CODING INFORMATION

Changes to Breast Reconstruction Codes for 2021	<p>The American Medical Association (AMA) made many changes to CPT guidelines for breast reconstruction surgery for 2021. Providers are referred to “CPT®Assistant, April, 2021, Volume 31, Issue 4” for a full description of the changes to the guidelines, as well as changes to the code descriptions.</p> <p>The AMA made significant changes to guidelines for billing replacement of a tissue expander with permanent prosthesis when considerable capsular adjustments are required. In the past, the AMA instructed providers to use CPT code 19342 (Insertion or replacement of breast implant on separate day from mastectomy) rather than CPT code 11970 (Replacement of tissue expander with permanent implant) if considerable capsular adjustments were performed when replacing a tissue expander with permanent prosthesis. The updated guidelines for 2021 instruct providers to use CPT code 11970 together with CPT code 19370 (Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy) in that scenario. AMA changed the description of CPT code 19370 for 2021 to make it appropriate for these cases.</p> <p>Although CMS has a Correct Coding Initiative (CCI) edit that denies CPT code 11970 as incidental to CPT code 19370 when both procedures are performed on the same breast, PHP will allow payment for both codes when a tissue expander is replaced with a permanent prosthesis and the documentation shows considerable revision to the capsule as outlined in the description for CPT code 19370.</p>
PHP Policy for Certain Non-Specific ICD-10 Codes	PHP policy since 6/5/2017 has been to deny services billed with certain non-specific ICD-10-CM codes. These are conditions that rarely, if ever, require use of an unspecified diagnosis code. Assigning diagnosis codes to the highest degree of specificity increases the quality of patient care, as well as ensuring accuracy of encounter data. When claims are denied for this reason, a corrected claim may be submitted to replace the non-specific ICD-10 code with a more specific code. If necessary, the provider should be queried for additional information, and the documentation should be updated to reflect the more specific diagnosis. The ICD-10 codes included in this policy are:

B19.10 Unspecified viral hepatitis B without hepatic coma
D56.9 Thalassemia, unspecified
G60.9 Hereditary and idiopathic neuropathy, unspecified
N18.9 Chronic kidney disease, unspecified
N28.9 Disorder of kidney and ureter, unspecified

B19.20 Unspecified viral hepatitis C without hepatic coma
D86.9 Sarcoidosis, unspecified
I49.9 Cardiac arrhythmia, unspecified
N19 Unspecified kidney failure