



Coding Policy Alerts

May/June 2025

This is the **May/June 2025** 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

Intraoperative SPY Angiography	<p>During surgery, any assessment of vascular patency, tissue viability, perfusion, or organ identification is considered integral to the primary procedure and is not eligible for separate reimbursement. Providers are encouraged to consult the National Correct Coding Initiative Policy Manual published by CMS for guidance on incidental procedures.</p> <p>Intraoperative angiography (e.g. SPY, firefly, pinpoint endoscopic fluorescence imaging, etc.) used for these assessments should not be billed separately. These techniques are considered incidental to the associated surgical procedure.</p> <p>As a result, PHP will implement a coding edit to deny reimbursement for CPT code 15860 (Intravenous Injection of agent [eg, fluorescein] to test vascular flow in flap or graft) when it is billed with other surgical codes on the same date of service. This code may be eligible for separate reimbursement if it is the sole service performed on a particular date of service, or upon appeal if documentation shows it is clinically unrelated to other surgical services reported on the same date.</p>
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GENERAL CODING GUIDELINES

Defibrillation and Cardioversion	<p>Providers should note there is no CPT code for emergency cardiac defibrillation; it is included in cardiopulmonary resuscitation (CPT code 92950). If defibrillation occurs without CPR, it is not separately reportable. Do not use CPT code 92960 (Cardioversion, elective; external) to report defibrillation.</p> <p>Defibrillation and cardioversion are both electrical shock treatments used to restore normal heart rhythm, but they differ in their application and synchronization. Defibrillation is an emergency treatment for life-threatening arrhythmias (e.g. ventricular fibrillation) delivering a high energy, unsynchronized shock. Cardioversion is used to treat other arrhythmias (e.g. atrial fibrillation) delivering a lower energy, synchronized shock.</p> <p>If the patient consents to an elective external cardioversion, time spent on the cardioversion should not be counted towards any critical care time reported with CPT codes 99291 and 99292.</p>
Synchronous Audio-Only Visits for Medicare Advantage Members	<p>PHP has observed an increase in the use of evaluation and management codes, such as 99202-99215, to report audio-only visits provided to Medicare Advantage members. Providers are advised to adhere to PHP Coding Policy 67.0.A (Telemedicine Services Medicare Plans), available on ProvLink. This policy clearly states that Medicare does not permit office visits conducted via audio-only technology.</p> <p>For proper reporting of audio-only services provided to Medicare Advantage members, providers should refer to PHP Coding Policy 92.0 (Synchronous Audio-Only Visits). This policy details the use of CPT codes within the range 98008-98015, requiring either location code 02 or location code 10, based on the patient’s location during service delivery. Although modifiers GT, 95, 93, and FQ are not required, their use will not impact payment.</p>

**Synchronous Audio-
Visual Visits**

PHP does not recognize CPT codes 98000-98007 for telemedicine services. For synchronous audio-video visits, providers are instructed to use CPT codes 99202-99215, accompanied by location code 02 for patients in a facility or location code 10 for patients located outside a facility. Providers are encouraged to consult PHP Coding Policy 67.0.A (Telemedicine Services for Medicare Plans) and PHP Coding Policy 67.0.E (Telemedicine Services for All Plans Except Medicare), both accessible on ProvLink, for more information.