

Coding Policy Alerts

May/June 2022

This is the **May/June 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.

CODING POLICY UPDATES

<p>Clinical Edit Appeals</p>	<p>PHP has noticed an increase in appeals with missing or incorrect information or with no Clinical Edit Fax Inquiry (CEI) form at all. Using the CEI form is critical to ensure PHP has all the information needed to process an appeal without unnecessary delays. An appeal with insufficient information will be returned to the provider, or the response may not be sent at all because there is no return fax number available.</p> <p>In addition to documentation to support all codes billed on the date in question, PHP requires the following information on all appeals:</p> <ul style="list-style-type: none"> • Member Name • Member identification number • Claim number • Date of service • Submitter’s name • Submitter’s return fax number • A clear, concise statement identifying the code(s) being appealed or reason for the inquiry. <p>The Clinical Edit Fax Inquiry form may be found on ProvLink. Click on “Resources” and then on “Forms.” Scroll down to find the form. Provider may also sort by clicking “Reimbursement” on the menu to the right.</p>
<p>Coding Policy Changes for Public Health Emergency</p>	<p>Due to the COVID-19 public health emergency, PHP loosened restrictions on several coding policies. These policies include Coding Policy 07.0 (Global Payment for Obstetrical Care), Coding Policy 53.0 (Online Digital E/M Services), Coding Policy 62.0 (Incident To), Coding Policies 67.0.A, 67.0.B, 67.0.C, and 67.0.D (telemedicine policies), and Coding Policy 92.0 (Telephone Services).</p> <p>PHP has extended the deadline for the flexibilities instituted in these policies to December 31, 2023, or until the end of the year in which the pandemic is declared to be over, <u>whichever is later</u>. Therefore, even if the pandemic is declared to be ended sometime this year, the changes to these policies will remain in effect until December 31, 2023. If the pandemic continues beyond December 31, 2023, the policies will remain in effect beyond December 31, 2023, and will continue to remain in effect at least until the end of the year in which the pandemic is ultimately declared to be over.</p>

Mental Health Visits Performed by RHC or FQHC	<p>PHP follows Medicare guidelines for telemedicine services. On March 30, 2022, Medicare announced that they will allow rural health centers (RHC) and federally qualified health centers (FQHC) to bill mental health visits performed as audio-only or two-way video telecommunication services, retroactive to January 1, 2022. The codes affected by this transmittal are:</p> <ul style="list-style-type: none"> • CPT code 90834 (Psychotherapy, 45 minutes with patient) • HCPCS code G0470 (Federally qualified health center (FQHC) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit) <p>Codes 90837 and G0470 may be billed with either modifier 95 (two-way video) or GQ (telephone) for dates of service on or after January 1, 2022. PHP telemedicine coding policies (Coding Policies 67.0.A, 67.0.B, 67.0.C, and 67.0.D) have been updated with this information. Note that HCPCS code G0470 may be reported only by an FQHC, based on the code description.</p>
Radiology Reduction Edit	<p>Coding Policy 99.0 (Reduction to Technical Component for Multiple Radiology Services) has been updated to show that the reduction for the technical component for multiple radiology services applies only to professional claims and not to facility claims. The radiology codes subject to multiple procedure reduction are those with a multiple procedure indicator of “4” in the Medicare Physician Fee Schedule Database (MPFSDB). The MPFSDB may be found at the CMS website.</p>
Fecal Microbiota Transplant	<p>PHP allows HCPCS code G0455 for fecal microbiota transplant procedures. Code G0455 includes both the instillation of the specimen by any method, as well as preparation of the specimen, including assessment of donor specimen. This code may not be used unless one provider performs the entire procedure.</p> <ul style="list-style-type: none"> • G0455: Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen <p>PHP does not accept CPT Code 44705, which requires a separate code for instillation of the specimen.</p> <ul style="list-style-type: none"> • 44705: Preparation of fecal microbiota for instillation, including assessment of donor specimen <p>CPT code 44705 is listed on Coding Policy 13.0 (Bundled or Adjunct Procedures). This code is currently being denied based on PHP medical policy, but the medical policy denial will transfer to a coding policy denial (Coding Policy 13.0) effective June 1, 2022. Providers who perform both preparation and instillation of the specimen may rebill with HCPCS code G0455 instead of CPT code 44705.</p>