



# Coding Policy Alerts

November/December 2024

This is the **November/December 2024** 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

<p><b>HCPCS Code G2211 Not Covered for Commercial Plans (REPEAT)</b></p>	<p>Effective for dates of service on or after November 1, 2024, HCPCS code G2211 will be denied as a bundled service for Commercial plans. PHP will continue to allow HCPCS code G2211 for Medicare Advantage plans.</p> <p>HCPCS code G2211 is used 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.” This is an add-on code that may be billed with office/outpatient evaluation and management (E/M) codes when ongoing care is provided for complex conditions.</p> <p>Coding Policy 13.0 (Bundled or Adjunct Services), which is available on ProvLink, has been updated to show this code will not be covered for Commercial plans for dates of service on or after November 1, 2024.</p>
<p><b>Telemedicine Policy Updates for 2025</b></p>	<p>PHP follows the Centers for Medicare and Medicaid Services (CMS) telemedicine policy for all lines of business, although the PHP telemedicine policy for Commercial plans is more liberal than the CMS policy. The telemedicine policy for Commercial lines of business (Coding Policy 67.0.E) includes more services than the Medicare policy (Coding Policy 67.0.A) and allows all services to be performed as audio-only rather than allowing only a limited number of services to be performed as audio only, which Medicare requires.</p> <p>In July, 2024, CMS has announced proposed changes to their telemedicine policy for 2025, but as of the date of this publication (10/31/24), the changes have not been finalized. When the changes to the CMS telemedicine policy are finalized, PHP’s telemedicine policies will be updated to follow CMS policy. It is anticipated that these changes will include the addition of the new CPT Evaluation and Management (E/M) codes for synchronous audio-video visits (CPT codes 98000-98007) and synchronous audio-only visits (CPT codes 98008-98015).</p>

## GENERAL CODING GUIDELINES

<p><b>CPT Guidelines for Assigning Codes</b></p>	<p>Instructions at the beginning of the CPT book state: “Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code.” Providers are obligated to assign codes that correctly report the services performed. Using a code that does not exactly identify the services performed is a violation of CPT guidelines and is a misrepresentation of services provided.</p>
<p><b>Daily Maximum Edits</b></p>	<p>PHP follows Medicare’s Medically Unlikely Edits (MUE). An MUE for a HCPCS/CPT code indicates the maximum units 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:  <a href="https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits">https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits</a></p>

**New and Deleted  
CPT Codes for 2025**

Health Insurance Portability and Accountability Act (HIPAA) requires that providers use the most current code sets when billing services. Providence Health Plan (PHP) uses the most current published code sets for coverage issues and pricing. These include HCPCS Level I (CPT) codes published by the American Medical Association (AMA), HCPCS Level II codes, ICD-10-CM (diagnosis) codes, and ICD-10-PCS (inpatient procedure) codes. Systematic implementation of approved HCPCS Level I (CPT) and Level II codes is effective on January 1st of each year. For additional details, providers are referred to PHP Coding Policy 19.0 (Service Code Policy), which is available on ProvLink.

In September, 2024, the American Medical Association (AMA) released four hundred twenty (420) CPT code changes in the 2025 Appendix B – Summary of Additions, Deletions, and Revisions. The Appendix B is published annually and is available each year in the AMA CPT codebook, which includes new, deleted, and revised CPT code changes. Some of these changes were effective prior to 2025 but had not previously been published in the CPT book. Providers are advised to review details about these changes at the AMA website and in the 2024 edition of the CPT book.

<b>New</b>	270
<b>Deleted</b>	112
<b>Revised</b>	38
<b>Total</b>	<b>420</b>