Providence Health Plan

Coding Policy Alerts

September/October 2024

This is the September/October 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.

Providence Health Plan

CODING POLICY UPDATES

HCPCS Code G2211 Not Covered for Commercial Plans	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. 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. 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.

GENERAL CODING GUIDELINES

Mastectomy for Gender Reassignment	CPT guidelines for mastectomy procedures (CPT codes 19300-19307) state: "Mastectomy procedures (with the exception of gynecomastia [19300]) are performed either **for treatment or prevention of breast cancer**." Based on the CPT guidelines, CPT code 19303 (or any of the other codes in this range) may not be used when mastectomy is performed for gender reassignment. CPT code 19318 (breast reduction) is the correct code to use when mastectomy is performed for gender reassignment.
Place of Service for Professional Component of Diagnostic Services	To avoid unnecessary claim denials, **do not use telehealth place of service (POS) codes (10 or 02)** when billing the interpretation of a diagnostic study. Providers are referred to Coding Policy 11.0 (Place of Service for Diagnostic Tests), which is available on ProvLink. As a general policy, the place of service (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 of the service. See Coding Policy 11.0 for additional information.
CPT codes 52352, 52353, and 52356	CPT codes 52352, 52353, and 52356 may not be reported together for procedures performed on the same side of the body. CPT code 52352 is used to report, "Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)." CPT code 52353 is used to report, "Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)." CPT code 52356 is used to report, "Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)." National Correct Coding Initiative (NCCI or CCI) edits show that CPT codes 52352 and 52353 are components of CPT code 52356 and that CPT code 52353 is a component of CPT code 52352. The NCCI Policy Manual guidelines for modifiers 59, XE, XS, XP, and XU state: "If an edit allows use of NCCI-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters." Therefore, one of these modifiers may be used to override the edits bundling 52352 and 52353 into 52356 and 52353 into 52352 only if the procedures are performed on opposite sides of the body or at different patient encounters.