

Coding Policy Alerts

July/August 2023

This is the **July/August 2023** 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 INFORMATION

<p>CHANGES TO TELEHEALTH CODING POLICIES FOR END OF PUBLIC HEALTH EMERGENCY</p>	<p>The Office for Civil Rights at the Department of Health and Human Service (HHS) announced that all telehealth platforms are required to be HIPAA-compliant for services beginning the day after the end of the COVID-19 public health emergency (PHE) on May 11, 2023. Based on these requirements, smart phone video options such as FaceTime and Skype are no longer an option for telehealth services performed on or after May 12, 2023. PHP telehealth policies have been updated to show this requirement.</p> <p>Effective June 1, 2023, telehealth policies for Commercial Oregon plans, Commercial Washington plans, and OHP were combined into one policy, Coding Policy 67.0.E (Telemedicine Services During COVID-19 Public Health Emergency for All Plans Except Medicare). There were no changes to these policies other than the fact that they were combined into one policy. Coding Policy 67.0.A (Telemedicine Services During COVID-19 Public Health Emergency for Medicare Plans) is the telehealth policy for Medicare.</p> <p>Telehealth policies 67.0.E for Commercial plans and OHP and 67.0.A for Medicare were both updated to show that changes made to these policies for the PHE will remain in effect until 12/31/2024. These policies are available on ProvLink both above and below the login.</p>
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CODING/BILLING INFORMATION

<p>BILLING E/M CODES WITH PROCEDURES</p>	<p>“Guidelines for Selecting Level of Service Based on Time” at the beginning of the section for Evaluation and Management (E/M) codes in the CPT book state that time used for selecting a level of E/M service “does not include any time spent in the performance of other separately reported service(s).” Providers are reminded that documentation for E/M services must clearly show that time spent performing a procedure or any other separately billed service is not included in the time used to determine the level of E/M service billed.</p>
<p>TRAIN-OF-FOUR MONITORING</p>	<p>Providers may not use CPT code 95937 [Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method] or an unlisted code to report train-of-four monitoring. Providers are referred to CPT Assistant, February, 2016, which states: “A peripheral nerve stimulator, also known as a train-of-four monitor, is used to assess neuromuscular transmission when neuromuscular blocking agents are given to block musculoskeletal activity. By assessing the depth of neuromuscular blockade, peripheral nerve stimulation can ensure proper medication dosing and, thus, decrease the incidence of side effects. Train-of-four monitoring is bundled with the intraoperative neuromonitoring of electromyography (EMG) or motor evoked potentials (MEP) and, therefore, is not separately reportable.” See Coding Policy 89.0 (Intraoperative Neurophysiology) on ProvLink for additional information.</p>