

Payment and Coding Policy Alerts

July/August 2020

This is the **July/August 2020** issue of the Providence Health Plans Payment and 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.

GENERAL CODING INFORMATION

Pre-Operative Visit Prior to Screening Colonoscopy	<p>A visit prior to screening colonoscopy is included in payment for the colonoscopy and may not be reported separately, even if this visit is performed several weeks prior to the colonoscopy. This is addressed in PHP Payment Policy 12.0 (Global Surgical Package), which gives instructions for reporting Evaluation and Management (E/M) services with minor procedures. Minor procedures have a global period of 0 or 10 days. The 0- to 10-day global period includes obtaining a medical history and performing a brief exam prior to the procedure. This service is not separately billable, even if performed several days or weeks prior to the procedure.</p>
Bundled Services	<p>Certain service codes are considered “bundled” services. Bundled services are not payable, even if they are the only services provided on that day. Payment for these services is bundled into payment for other services, whether or not the other services are performed on the same day as the bundled service. Providers are referred to PHP Payment Policy 13.0 (Bundled or Adjunct Services), which is available on ProvLink, for information about services that PHP considers bundled.</p>

NEW OR REVISED PAYMENT POLICIES

Payment Policy 72.0 (Modifiers 58, 78, and 79)	<p>Revised Policy The title of Payment Policy 72.0 (Modifier 78) has been changed to “Modifiers 58, 78, and 79: Staged, Related, and Unrelated Procedures Within the Global Period of Another Procedure.” Updates to the policy include additional coding guidance for procedures billed within the global period of another procedure, as well as information about appropriate use of modifiers 58 (staged procedure), 78 (unplanned return to the operating room), and 79 (unrelated procedure).</p>
Payment Policy 41.0 (Multiple Endoscopy Procedures)	<p>Revised Policy The policy has been updated to show that multiple procedure reduction will always be used for bilateral endoscopy procedures rather than the multiple endoscopy reduction. In addition, for claims processed on or after September 7, 2020, PHP may apply either the multiple endoscopy reduction or the multiple procedure reduction, whichever is greater, for multiple endoscopy procedures in the same family.</p>
Payment Policy 13.0 (Bundled or Adjunct Services)	<p>Revised Policy The following CPT codes are considered bundled services and will not be paid for claims processed on or after September 7, 2020: 0537T: Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day 0538T: Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) 0539T: Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration 34839: Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time</p>

Payment Policy 67.0 (Telehealth Services Requiring Originating Site) AND Payment Policies 67.0.A, 67.0.B, and 67.0.C (Telehealth Services During COVID-19 Public Health Emergency)	<p>Revised Policies</p> <p>The word “telehealth” has been changed to “telemedicine” in the titles of all of these policies. There are no changes other than the title change. In a previous notice, PHP announced that changes made to Payment Policy 67.0 for the COVID-19 public health emergency [described in Payment Policies 67.0.A (Medicare), 67.0.B (Commercial) and 67.0.C (Oregon Health Plan)], have been extended to December 31, 2020. See policies on ProvLink for details.</p>
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GENERAL ANNOUNCEMENTS

Provider Information	<p>Providence Health Plan is expanding its array of self-service options available to providers and members. Effective immediately, providers may access our convenient IVR, or interactive voice response system, to obtain member eligibility data twenty-four hours a day, seven days a week. This new feature is part of Providence Health Plan's technology enhancement initiative aimed at reducing wait times, increasing provider access, and providing accurate and time-sensitive member information.</p> <p>Call 503-574-7500 or 800-878-4445 and enter the provider’s tax identification number and applicable member identification number to gain immediate access to eligibility information. In the near future, self-service access to claims and benefit information will be available, as well.</p>
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