



# Coding Policy Alerts

March/April 2024

This is the **March/April 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>CPT Code 99459 (Pelvic Examination)</b></p>	<p>CPT code 99459 was published by the American Medical Association (AMA) to report, “Pelvic examination (List separately in addition to code for primary procedure).” The AMA published this code as an add-on code to be used in conjunction with illness-related office Evaluation and Management (E/M) codes and preventive services E/M codes. It is intended to account for four minutes of staff time spent chaperoning a pelvic exam. CPT code 99459 has been added to Coding Policy 13.0 (Bundled or Adjunct Services) for all lines of business effective 1/1/2024.</p> <p>Medicare does not pay preventive services, but they do cover pelvic examinations for women, so they have given this code status of “A,” or “active.” Unlike Medicare, PHP does pay preventive services, so a separate code for pelvic examinations is not necessary. The CPT description for preventive services E/M codes (CPT codes 99381-99387 and 99391-99397) shows these codes include “an age and gender appropriate” examination, which includes a pelvic examination for a woman.</p> <p>The practice expense relative value unit (RVU) of existing E/M codes, both illness-related E/M codes (99202-99205 and 99211-99215) and preventive services E/M codes, accounts for clinical staff time. It is not consistent with RVU pricing to separate the staff time spent chaperoning a pelvic exam from other staff time included in E/M services. Therefore, PHP considers payment for CPT code 99459 to be included in payment for both preventive E/M services and illness-related E/M services and will not pay CPT code 99459 separately.</p>
<p><b>Prolonged Services Code for Office Visit E/M Codes</b></p>	<p>PHP does not recognize CPT code 99417 for prolonged services in an outpatient setting. Providers are referred to Coding Policy 52.0 (Medical Visits) for information about billing prolonged services to PHP. PHP follows CMS guidelines for billing prolonged services.</p> <p>CMS created HCPCS code G2212 for reporting prolonged services in an office or other outpatient setting. The description for HCPCS code G2212 is: “Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215, 99483 for office or other outpatient evaluation and management services). (Do not report G2212 on the same date of service as 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes).”</p> <p>HCPCS code G2212 is used to report prolonged services in 15-minute increments beyond the time given for the highest level of service in each category, i.e., 99205, 99215, or 99483. HCPCS code may be used only for a full 15-minute block of time. It should not be billed for increments less than 15 minutes.</p>
<p><b>Status Modifiers for Therapy Codes</b></p>	<p>Coding Policy 85.0 (Documentation Guidelines for Rehabilitation Therapy Services) states that PHP requires status modifiers GP, GO, and GN on all therapy codes. These modifiers do not identify distinct procedural services, so they do not preclude the need for modifier 59 when separate services are provided.</p> <ul style="list-style-type: none"> <li>• GP: Services delivered under an outpatient physical therapy plan of care</li> <li>• GO: Services delivered under an outpatient occupational therapy plan of care</li> <li>• GN: Services delivered under an outpatient speech language pathology plan of care</li> </ul>