

## **Coding Policy Alerts**

May/June 2024

This is the July/August 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 REMINDERS**

Coding Policy 27.0 (Billing Guidelines for New or Unlisted	Supporting documentation is required for all unlisted codes, even if the procedure has been prior authorized. Coding Policy 27.0 (Billing Guidelines for New or Unlisted CPT and HCPCS Codes), which is available on ProvLink, lists the information required to support billing an unlisted code. Providers are advised to review guidelines in this policy to avoid unnecessary delays in payment.
CPT and HCPCS	difficted code. Thought is the advised to review guidelines in this policy to avoid difficted saily delays in payment.
Codes)	Providers are required to underline the portion of the documentation that identifies the work for which the provider is billing an unlisted code. If the provider does not underline the documentation that shows why the unlisted code is being billed, payment may be delayed for PHP to request clarification from the provider, or the code may be denied. All documentation requirements listed on Coding Policy 27.0 must be met for an unlisted code to be paid.
	As indicated on Coding Policy 27.0, when a comparable code is used for pricing an unlisted code, all edits that apply to the comparable code will apply to the unlisted code. If pricing cannot be established by using a comparable code, the service will default to payment by discount.
Coding Policy 04.0 (Procedure-Specific Policies)	CPT code 92960 (Cardioversion, elective, electrical conversion of arrhythmia; external) is used to report a procedure that is scheduled in advance. It is not appropriate to bill this code for cardioversion performed on an emergent basis.
	PHP follows National Correct Coding Initiative (NCCI) Policy Manual guidelines for CPT code 92960, which state: "There is no CPT code to report emergency cardiac defibrillation. It is included in cardiopulmonary resuscitation (CPT code 92950). If emergency cardiac defibrillation without cardiopulmonary resuscitation is performed in the emergency department or critical/intensive care unit, the cardiac defibrillation service is not separately reportable."
	Emergent cardioversion is included in payment for the Evaluation and Management (E/M) code or in CPT code 92950 if performed. Providers are referred to PHP Coding Policy 04.0 (Procedure-Specific Policies) on ProvLink for additional information.



## **GENERAL CODING GUIDELINES**

Inappropriate Billing of Splint Application Codes	Providers may not bill a splint application code for application of "off the shelf" or pre-packaged splints. If appropriate, providers may bill for the splint itself but may not bill a CPT code for application of the splint. Payment for application of a pre-packaged splint is included in payment for the E/M service or other procedure performed on the same day.
	CPT codes for splint application include, but are not limited to, CPT codes 29105, 29125, 29126, 29130, 29131, 29505, and 29515.