



Coding Policy Alerts

November/December 2023

This is the **November/December 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/BILLING INFORMATION

HCPCS LEVEL I (CPT) CODE CHANGES FOR 2024

Health Insurance Portability and Accountability Act (HIPAA) requires that providers use the most current code sets when billing services. Providence Health Plan (PHP) uses the most current published code sets for coverage issues and pricing. These include HCPCS Level I (CPT) codes published by the American Medical Association (AMA), HCPCS Level II codes, ICD-10-CM (diagnosis) codes, and ICD-10-PCS (inpatient procedure) codes. Systematic implementation of approved HCPCS Level I (CPT) and Level II codes is effective on January 1st of each year. For additional details, providers are referred to PHP Coding Policy 19.0 (Service Code Policy), which is available on ProvLink.

The AMA announced publication of 145 new CPT codes for 2024. There are 55 codes with revised descriptions and 34 deleted codes. A breakdown of the changes by code category is included below. Providers are advised to review details about these changes at the AMA website and in the 2024 edition of the CPT book.

CATEGORY	NEW	DELETED	REVISED	TOTAL
Evaluation & Management	1	0	10	11
Anesthesia	0	0	0	0
Surgery	23	0	10	33
Radiology	5	1	0	6
Pathology/Laboratory	13	0	16	29
PLA	19	0	2	21
Medicine (includes Category I Vaccine Codes)	21	0	4	25
Category II	0	0	0	0
Category III	63	32	13	108
Administrative MAAA	0	1	0	1
Total	145	34	55	234

**Postpartum Care as
Part of Global
Obstetrical Package**

CPT codes for global obstetrical care include provision of antepartum care, delivery, and postpartum care. The Maternity Care and Delivery section of the CPT book describes services that are included in antepartum care, delivery services, and postpartum care codes. CPT guidelines state that postpartum care begins after delivery and includes “the recovery room visit, any uncomplicated inpatient hospital postpartum visits, and uncomplicated outpatient visits.” Based on these guidelines, delivery codes that include postpartum care may not be used if the care does not include outpatient postpartum visits as well as inpatient hospital postpartum visits.

For example, a provider who performs delivery with inpatient postpartum care but performs no outpatient postpartum care may not bill one of the delivery codes that include postpartum care, such as CPT code 59410, 59515, 59614, or 59622. The provider who performs delivery must use one of the “delivery only” codes, such as 59409, 59514, 59612, or 59620, and if inpatient postpartum care is also performed, the delivering provider may report CPT code 59430 (postpartum care only) with modifier 52 (reduced services). Modifier 52 must be appended to CPT code 59430 to show that the provider did not perform all the required components of the code.

By the same token, providers who perform only outpatient postpartum care but do not perform inpatient postpartum care must report CPT code 59430 with modifier 52. Failure to add modifier 52 to CPT code 59430 when both inpatient and outpatient postpartum care is not provided may result in a request for a corrected claim or refund requests if payment has already been made.