Providence Health Plan

Coding Policy Alerts

March/April 2023

This is the March/April 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.

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CODING/BILLING INFORMATION

CODING POLICY CHANGES FOR END OF PUBLIC HEALTH EMERGENCY	On January 30, 2023, the Biden Administration announced it will end the COVID-19 public health emergency (PHE) declarations on May 11, 2023. PHP changed eight coding policies to allow increased access to medical services during the pandemic. The changes to these policies will remain in effect until December 31, 2023. If the PHE is not ended on May 11, 2023, as expected, the changes to these policies will remain in effect until six months after the PHE is officially ended, but in no case will the policies change prior to December 31, 2023. The most significant changes were to the policies for telemedicine services: Coding Policy 67.0.A for Medicare plans, 67.0.B for Commercial plans, 67.0.C for Oregon Health Plan, and 67.0.D for Washington Commercial plans. Other policies that were affected were Coding Policy 07.0 (Global Payment for Obstetrical Care), Coding Policy 53.0 (Online Digital E/M Services), Coding Policy 62.0 (Incident To), and Coding Policy 92.0 (Telephone Services). Each policy identifies changes that were made to that policy for the PHE. Those are the changes which could be affected by the end of the PHE. All coding policies are available on ProvLink.
UPDATE TO CODING POLICY 52.0 (MEDICAL VISITS)	Effective for dates of service on or after February 1, 2023, PHP will allow a problem-related E/M service to be reported with a preventive E/M service for PHP members under the age of 18 years. PHP will reimburse 100% of the allowed amount for the preventive service and 50% of the allowed amount for problem-related E/M service. Only CPT codes 99212-99215 for established patients may be billed with preventive services, even if the preventive service is for a new patient. The problem-related E/M code must be appended with both modifier 25 and modifier 52. If the problem-related E/M code is not submitted with both modifier 25 and modifier 52 appended, it will not be reimbursed. Preventive medicine codes include a comprehensive exam, which encompasses management of chronic and/or stable conditions, abnormal findings on review of systems, and/or diagnosis and treatment of minor clinical conditions. These are all considered part of a normal preventive service. It is not appropriate to bill a separate visit to treat minor clinical conditions (such as cold, ear infection, rash, etc.) identified during the preventive examination. Treatment of a significant new or chronic condition must show a change or exacerbation of the condition to justify billing a separate visit. It is not appropriate to bill a separate visit for a condition that is managed by a different provider. Separate documentation is not required, but it must be clear to an auditor which documentation relates to the preventive E/M and which relates to the illness E/M. The chief complaint for the illness E/M should be clearly identified in the record. Documentation must show how much time was spent performing the problem-related E/M visit and must also include the total time of the visit, to encompass both the preventive visit and the problem-related E/M visit. Note: Even in cases where time is not used to determine the level of service for the problem-related E/M visit, PHP expects time to be documented for both services. See Coding Policy 52.0 (Medical Visits), which is available on ProvLink, for additional information.
UPDATE TO CODING POLICY 65.0 (GUIDELINES FOR BILLING CONSULTATIONS)	Coding Policy 65.0 (Guidelines for Billing Consultations) was updated to comply with changes to E/M codes for 2023. The updated policy has been published on ProvLink.