

## **Coding Policy Alerts**

May/June 2023

This is the May/June 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 POLICY INFORMATION**

CODING POLICY	On January 30, 2023, the Biden Administration announced it will end the COVID-19 public health emergency (PHE) declarations on May 11,
CHANGES FOR END	2023. PHP changed eight coding policies to allow increased access to medical services during the pandemic. The changes to these policies will
OF PUBLIC HEALTH	remain in effect until December 31, 2023.
EMERGENCY	
	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.
	Changes to the policies related to the end of the PHE will be announced in the November/December issue of Coding Policy Alerts prior to the
	policies being published on ProvLink on January 1, 2023.

## **CODING/BILLING INFORMATION**

FRACTURE CARE IN	In the emergency department, fractures are generally stabilized (e.g., application of cast, splint, or strapping) and the patient is referred to
EMERGENCY	another physician, generally an orthopedist, for total fracture care. The Emergency Medicine specialist may bill an Evaluation and
DEPARTMENT	Management (E/M) code based on the level of service documented and the splinting or strapping code if appropriate. The physician who
	assumes the patient's total fracture care bills the global fracture care code. Emergency Medicine specialists may not use the global fracture
	care codes for stabilizing a fracture and referring the patient to another provider for definitive care of the fracture.
	If the Emergency Medicine specialist performs a surgical procedure to treat the fracture, such as open or closed reduction of the fracture, the Emergency Medicine specialist may bill the global fracture care code with modifier 54 to indicate "surgical care only." The provider who sees the patient in follow up should bill the same global fracture care code with modifier 55 to indicate "postoperative management." See PHP Coding Policy 20.0 (Split Global Surgical Package) on ProvLink for details.
	Note that closed fracture care without manipulation <u>does not</u> constitute a surgical procedure. The global codes for closed fracture care without manipulation should not be reported by Emergency Medicine specialists, as the Emergency Medicine specialist is not providing definitive care of the fracture for the full 90-day global period.
EMERGENT	CPT code 92960 is used to report, "Cardioversion, elective, electrical conversion of arrhythmia; external." This code is used to report a
CARDIOVERSION	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. See PHP Coding Policy 04.0 (Procedure-Specific Policies) on ProvLink for additional information.