



# Coding Policy Alerts

September/October 2023

This is the **September/October 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

<p><b>(REPEAT ARTICLE) CHANGES TO TELEHEALTH CODING POLICIES FOR END OF PUBLIC HEALTH EMERGENCY</b></p>	<p>The Office for Civil Rights at the Department of Health and Human Service (HHS) announced that all telehealth platforms are required to be HIPAA-compliant for services beginning the day after the end of the COVID-19 public health emergency (PHE) on May 11, 2023. Based on these requirements, smart phone video options such as FaceTime and Skype are no longer an option for telehealth services performed on or after May 12, 2023. PHP telehealth policies have been updated to show this requirement.</p> <p>Effective June 1, 2023, telehealth policies for Commercial Oregon plans, Commercial Washington plans, and OHP were combined into one policy, Coding Policy 67.0.E (Telemedicine Services During COVID-19 Public Health Emergency for All Plans Except Medicare). There were no changes to these policies other than the fact that they were combined into one policy. Coding Policy 67.0.A (Telemedicine Services During COVID-19 Public Health Emergency for Medicare Plans) is the telehealth policy for Medicare.</p> <p>Telehealth policies 67.0.E for Commercial plans and OHP and 67.0.A for Medicare were both updated to show that <b>changes made to these policies for the PHE will remain in effect until 12/31/2024</b>. These policies are available on ProvLink both above and below the login.</p>
---	--

### CODING/BILLING INFORMATION

<p><b>(REVISED ARTICLE) FRACTURE CARE PERFORMED IN THE EMERGENCY DEPARTMENT</b></p>	<p>Emergency Medicine specialists are reminded not to use CPT codes for total fracture care when a fracture is stabilized in the Emergency Department (ED) and the patient is referred to another physician for fracture care. Codes for total fracture care include definitive treatment of the fracture. Fracture care codes may not be used in cases where the patient is referred to another provider for definitive treatment of the fracture.</p> <p>When the fracture is stabilized (e.g., application of cast, splint, or strapping), and the patient is referred to another physician for actual treatment of the fracture, the ED physician may bill the appropriate code for casting, splinting, or strapping the fracture. If a separately identifiable Evaluation and Management (E/M) service is documented, the E/M service may also be billed. The physician who actually treats the fracture will then bill the code for total fracture care.</p> <p>If the ED physician performs a surgical procedure to treat a fracture or dislocation, such as open or closed reduction of the fracture, the codes for total fracture care may be used. Modifier 54 (Surgical Care Only) must be appended to the code for total fracture care because the post-operative care will be performed by a different provider.</p> <p>Closed fracture care without manipulation <u>does not</u> constitute a surgical procedure. If no splinting or strapping is performed, closed fracture care without manipulation performed in the ED should be billed using an E/M code. The codes for total fracture care may not be billed by the ED physician because the ED physician is not performing definitive fracture care for the full 90-day global period assigned to the code.</p> <p>Note that supplying the patient with a sling is considered part of an E/M service and may not be billed either as total fracture care or as splinting or strapping.</p>
---	---