Coding Policy Alerts

July/August 2022

This is the July/August 2022 issue of Providence Health Plan's Coding Policy Alerts. The focus of this update is to communicate to providers new or revised payment policies and coding policies, as well as general billing and coding information.

CODING POLICY UPDATES

Clinical Edit Appeals **(Repeat Article)**	PHP has noticed an increase in appeals with missing or incorrect information or with no Clinical Edit Fax Inquiry (CEI) form at all. Using the CEI form is critical to ensure PHP has all the information needed to process an appeal without unnecessary delays. An appeal with insufficient information will be returned to the provider, or the response may not be sent at all because there is no return fax number available. In addition to documentation to support all codes billed on the date in question, PHP requires the following information on all appeals: • Member Name • Member identification number • Claim number • Date of service • Submitter's name • Submitter's return fax number • A clear, concise statement identifying the code(s) being appealed or reason for the inquiry. The Clinical Edit Fax Inquiry form may be found on ProvLink. Click on "Resources" and then on "Forms." Scroll down to find the form. Provider may also sort by clicking "Reimbursement" on the menu to the right.
Coding Policy 30.0 **(Laboratory Panel Billing)**	PHP Coding Policy 30.0 has been updated to show that PHP does not accept CPT code 80050 for Medicare lines of business. CPT code 80050 includes CPT code 80053, which is itself a panel code. For Medicare lines of business, providers may bill CPT code 80053 and any of the tests listed as components of CPT code 80050 separately, and this will not be considered unbundling. Claims with CPT code 80050 will be denied when billed for Medicare lines of business because Medicare does not accept this code. When the tests included in CPT code 80050 are performed for all lines of business other than Medicare, CPT code 80050 may be billed instead of the component tests.

Coding Policy 07.0 (Global Payment for Obstetrical Care)	Do not add modifier GT or 95 or use location code 02 or 10 when billing codes for global obstetrical care, even when a portion of the service was performed by telephone or two-way video. Because the codes for global obstetrical care (including CPT codes 59425 and 59426) encompass multiple services that include at least one face-to-face visit, the codes may be billed as if all visits were performed as face-to-face visits. Use location code 02 or 10 to identify telehealth services only when billing individual Evaluation and Management (E/M) services separately from the codes for global obstetrical care. See Coding Policies 67.0.A, 67.0.B, 67.0.C, and 67.0.D for additional information about billing telehealth services.
Fecal Microbiota Transplant (Repeat Article)	PHP allows HCPCS code G0455 for fecal microbiota transplant procedures. Code G0455 includes both the instillation of the specimen by any method, as well as preparation of the specimen, including assessment of donor specimen. This code may not be used unless one provider performs the entire procedure. • G0455: Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen PHP does not accept CPT Code 44705, which requires a separate code for instillation of the specimen. • 44705: Preparation of fecal microbiota for instillation, including assessment of donor specimen CPT code 44705 is listed on Coding Policy 13.0 (Bundled or Adjunct Procedures). This code is currently being denied based on PHP medical policy, but the medical policy denial will transfer to a coding policy denial (Coding Policy 13.0) effective June 1, 2022. Providers who perform both preparation and instillation of the specimen may rebill with HCPCS code G0455 instead of CPT code 44705.