CONNECTIONS

CONNECTIONS FORMAT AND TITLE CHANGING IN 2020

*Connections* is published every two months to inform providers of new or updated PHP payment policies and/or coding policies, as well as providing general billing and coding information. Beginning January, 2020, the format of this newsletter will change to a bulletin format rather than newsletter format. This will make it easier to search the publication for information relevant to each provider’s practice.

In keeping with the change from newsletter format to a bulletin, the title of the publication will change from “Connections” to “Payment and Coding Policy Alerts.” Topics will be bulleted on each page to make it easy to quickly search for pertinent information.

*Payment and Coding Policy Alerts* may be found in the same location on ProvLink where *Connections* is currently published, under “Newsletters and Policy Updates.” A sample of policy updates in the new format may be found on Page 3 of this publication.

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November-December 2019

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- *Connections* Format and Title Changing in 2020 (NEW)
- National Correct Coding Initiative Policy Manual Guidelines (NEW)
- Payment Policy 28.0 (Urine Drug Testing) (REVISED)
- Sample of New Format for Payment and Coding Policy Alerts (NEW)
- Payment Policy 58.0 (Documentation Guidelines for Medical Services) (NEW)
- Use 2020 CPT and HCPCS Codes for Billing PHP (NEW)
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NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL GUIDELINES

The introduction to the National Correct Coding Initiative (NCCI or CCI) Policy Manual published by The Centers for Medicare and Medicaid Services (CMS) states that providers should not rely solely on the CCI procedure-to-procedure (PTP) edit list for correct coding information. The manual states, “The edits and policies do not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination.”

PHP is often requested to overturn an edit because no CCI PTP edit exists for that code combination, even though the NCCI Policy Manual clearly says the two codes may not be reported together. One example is the “separate procedure” designation on CPT codes. CCI edits do not exist for many codes with the “separate procedure” designation, but the NCCI Policy Manual says, "CMS interprets this designation to prohibit the separate reporting of a "separate procedure" when performed with another procedure in an anatomically related region through the same incision, orifice, or surgical approach." This policy in the NCCI Policy Manual must be followed, even if there is not an edit for the specific code pair.

PAYMENT POLICY 28.0 URINE DRUG TESTING

Payment Policy 28.0 (Urine Drug Testing) is a new policy effective November 1, 2019, and is posted on ProvLink. Urine drug testing is covered when criteria listed on PHP’s Medical Policy for “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met. The medical policy is also posted on ProvLink. Payment is restricted to codes listed on Payment Policy 28.0. The codes are subject to National Correct Coding Initiative policies and edits, as well as billing restrictions listed on Payment Policy 28.0.

CPT codes 80305, 80306, and 80307 are covered for presumptive testing when medical necessity criteria listed in PHP’s Medical Policy “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met.

HCPCS codes G0480 and G0481 are covered for definitive testing when medical necessity criteria listed in PHP’s Medical Policy “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met AND when performed by an independent laboratory or outpatient hospital.
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SAMPLE OF NEW FORMAT FOR PAYMENT AND CODING POLICY ALERTS

NEW OR REVISED PAYMENT POLICIES

<table>
<thead>
<tr>
<th>Payment Policy 28.0 (Urine Drug Testing)</th>
<th>New Policy, effective November 1, 2019</th>
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<tbody>
<tr>
<td></td>
<td>Urine drug testing is covered when criteria listed on PHP’s Medical Policy for “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met. CPT codes 80305, 80306, and 80307 are covered for presumptive testing when medical necessity criteria listed in PHP’s Medical Policy “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met. HCPCS codes G0480 and G0481 are covered for definitive testing when medical necessity criteria listed in PHP’s Medical Policy “Urine Drug Testing for Therapeutic or Substance Abuse Monitoring All LOB Except Medicare” are met AND when performed by an independent laboratory or outpatient hospital.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Payment Policy 06.0 (Multiple Surgery)</th>
<th>Updated Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Added information to the policy to address multiple surgeons billing different procedure codes for the same surgical session.</td>
</tr>
</tbody>
</table>

GENERAL CODING INFORMATION

<table>
<thead>
<tr>
<th>NCCI Policy Manual</th>
<th>Providers are reminded that the National Correct Coding Initiative (NCCI or CCI) Policy Manual published by The Centers for Medicare and Medicaid Services (CMS) states, “The edits and policies do not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination.”</th>
</tr>
</thead>
</table>
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PAYMENT POLICY 58.0
DOCUMENTATION GUIDELINES FOR MEDICAL SERVICES

PHP considers medical complexity to be the controlling factor when determining level of service for Evaluation and Management (E&M) codes. The key components (history, exam, medical decision making) to support the level of service must be documented, but if medical complexity does not support the same level of service supported by the three key components, medical complexity (i.e., risk), becomes the controlling factor.

Payment Policy 58.0 (Documentation Guidelines for Medical Services) has been updated with this information. This is also addressed on Payment Policy 61.0 (Documentation Guidelines for Assigning E&M Codes Based on Time Alone).

USE 2020 CPT AND HCPCS CODES FOR BILLING PHP

Providers may use only the most current code sets for billing PHP. PHP Payment Policy 19.0 (Service Code Policy) states, “Providence Health Plan will use the most current published service codes for coverage issues and pricing. These service codes are published in the Current Procedural Terminology (CPT), International Classification of Diseases (ICD), HCPCS (National Level II codes) and Diagnostic Related Groupings (DRG) books. Systematic implementation of approved service codes and rates is effective January 1st of each year. HIPAA guidelines require that providers use the most current code sets for billing services.”

As it does every year, PHP will begin accepting the current codes on the first of January, 2020. CPT and HCPCS codes that are current for 2020 are required for dates of service on or after January 1, 2020. Codes that are new in 2020 will be retrofitted for contracts that use another year’s relative value schedule for setting payment rates.

The American Medical Association (AMA) announced publication of 248 new codes in the CPT book for 2020, although some of these codes were actually published mid-year in 2019. There are 75 codes with revised descriptions, and 71 codes were deleted for 2020.
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WHAT TO DO IF YOU HAVE QUESTIONS

Inquiry

Locate the Clinical Edit Fax Inquiry form on ProvLink. (Click on “Resources” and then on “Forms.”) Complete the form and send all required documentation as indicated on the form to our dedicated inquiry fax line(s). Note: This form is used only for clinical edits as listed on the previous page of this newsletter.

· A review of the coding applications will be initiated.

· Service may be allowed and the claim reprocessed.

· Service denial may be upheld and an explanation of the rationale for the edit will be forwarded to you.

Appeal

If you do not agree with the edit or payment rule logic, a formal appeal may be submitted in writing. If you are familiar with the edit logic or payment rule and still wish a formal appeal, indicate this to your Provider Relations Representative. Our Medical Coding Administration Department and/or Medical Department will review the appeal and will reply by letter if the denial is upheld.

Edit Reviews

When there is a high volume of inquiries or appeals about a specific edit combination, PHP Medical Directors will review the edit combination. If the decision is made to reverse the edit, PHP will implement within 7 days. If the decision is made to uphold the edit, we will publish the information in CONNECTIONS Newsletter. If an edit combination is upheld, we will ask that you not continue to submit individual claims for review unless there is a clear and distinct exception clearly documented.
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PAYMENT RULES

Payment Rules are located on ProvLink. Please review these, as they may explain many of the payment applications that affect your claims payment. It is our policy to notify providers via Connections newsletter prior to implementing new payment rules.

ELECTRONIC CONTRACT DELIVERY

Providence Health Plan offers secure electronic contract delivery.

If you have not already done so, please provide your Providence Health Plan Provider Relations Representative with an E-mail address for the person in your organization who should receive contract negotiation and contract update information.

Please note that if the contracting contact in your organization changes, it will be important to communicate the new name and E-mail to your Providence Health Plan Provider Relations Representative.

EXPLANATION CODES

Explanation codes identifying PHP edits have changed with Optum CES and are no longer published in Connections. A tool for finding explanation codes is available on ProvLink. This tool may be found under “Resources” and then under “My Profile” and then under “My Tools.”