

# Payment and Coding Policy Alerts

March/April 2020

This is the **March/April 2020** issue of the Providence Health Plans Payment and 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.

## GENERAL CODING INFORMATION

<p><b>COVID 19: ICD-10 and HCPCS Codes to Report COVID-19 Testing and Treatment</b></p>	<ul style="list-style-type: none"> <li>• ICD-10-CM code <b>U07.1</b>: The World Health Organization (WHO) convened an emergency meeting to create a specific diagnosis code for the new coronavirus. A new ICD-10 code, U07.1 (2019-nCoV acute respiratory disease) has been established. PHP will accept this diagnosis code effective April 1, 2020, for dates of service on or after February 4, 2020.</li> <li>• HCPCS code <b>U0001</b>: The Centers for Medicare &amp; Medicaid Services (CMS) developed a Healthcare Common Procedure Coding System (HCPCS) code for providers and laboratories to report testing patients for coronavirus. This code will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code, which means better tracking of the public health response to the outbreak. Providers who need to test for coronavirus <b>using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that using the newly-created HCPCS code U0001</b>. PHP’s claims processing system can accept this code on April 1, 2020 for dates of service on or after February 4, 2020.</li> <li>• HCPCS code <b>U0002</b>: CMS developed HCPCS code U0002 for laboratories to use to report <b>non-CDC laboratory tests</b> for SARS-CoV-2/2019-nCoV (COVID-19). PHP’s claims processing systems will be able to accept this code starting on April 1, 2020, for dates of service on or after February 4, 2020.</li> <li>• Testing for suspected exposure to COVID-19 without symptoms and without confirmed diagnosis may be billed with ICD-10-CM code Z20.828 and either HCPCS code U0001 or HCPCS code U0002, depending on the test utilized. Claims billed with this diagnosis (or ICD-10 U07.1 for confirmed cases) and HCPCS code U0001 or U0002 will be paid with no cost share to the member.</li> </ul>
<p><b>Billing Surgical Procedures in the Post-Operative Global Period of Another Procedure</b></p>	<p>Providers are reminded to use appropriate modifiers to identify surgical procedures billed within the global period of another procedure. <b>Surgical procedures billed within the global period of another procedure without the appropriate modifier will be denied.</b></p> <ul style="list-style-type: none"> <li>• Modifier 58: <b>Staged</b> or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period</li> <li>• Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a <b>Related</b> Procedure During the Postoperative Period</li> <li>• Modifier 79: <b>Unrelated</b> Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period</li> </ul>

## NEW OR REVISED PAYMENT POLICIES

<b>Payment Policy 03.0 (Assistant for Surgical Procedures)</b>	<p><b>Updated Policy</b> Policy updated to clarify that a surgeon may not bill “incident to” for an assistant: “Only providers who are credentialed with PHP may bill as surgical assistants. An assistant may not bill “incident to” under the surgeon’s name. Charges for an assistant billed under the surgeon’s name will be denied. See also Payment Policy 62.0 (Incident To).”</p>
<b>Payment Policy 64.0 (Opioid Treatment Programs for Medicare Advantage)</b>	<p><b>New Policy</b> PHP will allow payment for opioid treatment for Providence Medicare Advantage Plans members following CMS guidelines, including reimbursement methodology, eligibility criteria, etc., for the Opioid Treatment Program (OTP). The requirements for using these codes are listed in the code descriptions, including, but not limited to, services provided by OTP’s who are enrolled in Medicare, successfully completed the certification and accreditation process and meet other requirements outlined in 42 CFR 8.</p>

## NEW PHARMACY POLICY

<b>Pharmacy Policy: Infusion Therapy Site of Care</b>	<p>Beginning March 2, 2020, Providence Health Plan (PHP) will require prior authorization (PA) for site of care for certain infusion medications provided in an outpatient hospital infusion center setting. The site of care PA is required in addition to any other PA required for the medication. Refer to individual drug-specific policies for clinical criteria. PHP requires PA for infusion medications administered in an outpatient hospital infusion setting based on criteria defined in the Pharmacy policy “Infusion Therapy Site of Care.” The following infusion medications are included in this policy:</p> <table border="1" data-bbox="367 885 861 1274"> <thead> <tr> <th><u>HCPCS</u></th> <th><u>Brand Name</u></th> <th><u>Generic Name</u></th> </tr> </thead> <tbody> <tr><td>J3262</td><td>Actemra</td><td>Tocilizumab</td></tr> <tr><td>J0490</td><td>Benlysta</td><td>Belimumab</td></tr> <tr><td>J3380</td><td>Entyvio</td><td>Vedolizumab</td></tr> <tr><td>Q5103</td><td>Inflectra</td><td>Infliximab-dyyb</td></tr> <tr><td>J0129</td><td>Orencia</td><td>Abatacept</td></tr> <tr><td>J1745</td><td>Remicade</td><td>Infliximab</td></tr> <tr><td>Q5104</td><td>Renflexis</td><td>Infliximab-abda</td></tr> <tr><td>J1602</td><td>Simponi Aria</td><td>Golimumab</td></tr> <tr><td>J2350</td><td>Ocrevus</td><td>Ocrelizumab</td></tr> <tr><td>J1300</td><td>Soliris</td><td>Eculizumab</td></tr> <tr><td>J1303</td><td>Ultomiris</td><td>Ravulizumab-cwvz</td></tr> </tbody> </table> <p>A prior authorization for site of care will not be required when these medications are administered in an approved site of care. Approved sites of care include:</p> <ul style="list-style-type: none"> <li>• Home Infusion (POS 12) (continued on next page)</li> </ul>	<u>HCPCS</u>	<u>Brand Name</u>	<u>Generic Name</u>	J3262	Actemra	Tocilizumab	J0490	Benlysta	Belimumab	J3380	Entyvio	Vedolizumab	Q5103	Inflectra	Infliximab-dyyb	J0129	Orencia	Abatacept	J1745	Remicade	Infliximab	Q5104	Renflexis	Infliximab-abda	J1602	Simponi Aria	Golimumab	J2350	Ocrevus	Ocrelizumab	J1300	Soliris	Eculizumab	J1303	Ultomiris	Ravulizumab-cwvz
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**Pharmacy Policy:  
 Infusion Therapy Site  
 of Care (continued)**

- Ambulatory Infusion Centers (POS 49)
- Physician Offices and Clinics (POS 11)
- Certain approved outpatient hospital facilities

**Transition Period:**

- For Members with existing prior-authorizations for one of the drugs above at an unapproved outpatient hospital facility, providers will have until May 2, 2020 (60 days) to coordinate transition of patient infusions at an approved site of care location or request a prior authorization for site of care.
- For all new starts at an unapproved outpatient hospital facility on or after March 2, 2020, a 60-day transition period will be allowed to coordinate patient transfers to an approved site of care, request a prior authorization for site of care, or administer an initial dose of an infusion medication in a hospital infusion setting. Infusion medications will be covered at the unapproved outpatient hospital facility during the transition period.

**Exclusions from Infusion Therapy Site of Care Policy:**

- Providence Medicare and Medicaid members
- Certain Commercial Plan members (ALL Providence St. Joseph Healthcare employer group)
- Members 12 years of age and under

A site of care prior authorization is required for use of an unapproved hospital-based outpatient infusion center. An unapproved hospital-based outpatient infusion center may be considered medically necessary if the patient has concomitant conditions or clinical history that may increase the risk of infusion reactions or drug specific adverse events. Please see the Infusion Therapy Site of Care Policy for a complete list of criteria.