



Network Notification

Notice Date: January 12, 2018
To: Indiana HHW and HIP Health Partners
From: CareSource®
Subject: New Approach to Educate and Reduce Evaluation and Management Billing Errors

To help you facilitate correct Evaluation and Management (E/M) coding, CareSource has contracted with Change Healthcare. Change Healthcare's product, Coding Advisor, will review the use of E/M codes, Psychotherapy Assessments and the billing of Modifier 25 for all health partners who participate in CareSource's network.

BACKGROUND:

Coding E/M services correctly is a well-known challenge for most providers. E/M coding constitutes a high percentage of mistakes compared to coding for other services. Providers are often faced with the difficult task of determining which CPT code appropriately reflects the complexity of the visit and many times select the wrong E/M or level of care code.

WHAT IT MEANS TO YOU:

Beginning January 2018, Coding Advisor will begin sending messages to Indiana HIP and HHW providers who are outside their peers in billing of high-level codes. The messages will alert providers to review and resubmit their claims and ensure proper coding of future claims.

Coding Advisor will continue to monitor billing practices and will send updated report(s) periodically. They may contact your practice with the intention of identifying any coding discrepancies and to perform one-on-one coding education. All correspondence will be sent to you from Change Healthcare.

HOW IT WORKS:

Coding Advisor utilizes transactional platform technology to notify providers of their outlier status at the point of claim submission through the Change Healthcare Clearinghouse using standard messaging. Through this messaging process, providers will receive a returned claim through their normal claim submission workflow and are asked to validate that the appropriate level of care has been reported. Upon verification, claims can be resubmitted with or without change and will be processed for adjudication without further delay.

Billing scenarios will include claim reporting E/M services with the following CPT codes.

| Module | Code(s) | Description |
|--------|---------------------|--|
| PSYCH | 90832, 90834, 90837 | Psychotherapy Assessments |
| NPOV | 99201-99205 | New Patient Office Visit |
| EPOV | 99211-99215 | Established Patient Office Visit |
| OOC | 99241-99245 | Outpatient Physician Consult |
| MOD 25 | TBD | E/M codes with Modifier 25 appended coupled with a code from the associated global services list |

| | | |
|------|-------------|--|
| EDEM | 99281-99285 | Physician E/M in an ER Setting |
| ICON | 99251-99255 | Inpatient Consultation |
| IHOC | 99218-99220 | Initial Hospital Observation – Physician Services |
| SHOC | 99224-99226 | Subsequent Hospital Observation – Physician Services |
| IHIC | 99221-99223 | Initial Hospital Inpatient Care |
| SHIC | 99231-99233 | Subsequent Hospital Inpatient Care |

Note: CareSource reserves the right to modify or supplement the listed CPT codes.

The program's aim is to maximize coding efficiency and accuracy, reduce audits and provide education regarding proper E/M, Psychotherapy Assessment, and Modifier 25 billing.

If you have questions, please call Change Healthcare Coding Advisor's Customer Support at 844-592-7009, Option 3.