



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402

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Upcoming Code Edits (Effective Dec 17, 2019)

Beginning Dec. 17, 2019, we'll implement the following new coding guidelines for:

- **Diagnosis-Age Policy - Diagnosis-Age Consistency**
- **Place of Service Policy - Evaluation and Management Place of Service Restrictions - Part 2**
- **Evaluation and Management Services Policy - Consultation with Annual Exam or Screening Diagnoses**
- **Bundled Services Policy - Bundled Services Billed on the Same Day as Other Payable Services**

Coding Policy	Description
Diagnosis-Age Policy - Diagnosis-Age Consistency	ICD-10 diagnosis codes can identify certain age groups. When one of these diagnosis codes are billed as the only diagnosis on a claim but doesn't not match the members listed age on the claim; all services will be denied. This edit will consider all reported diagnoses on a claim for that date of service.
Place of Service Policy - Evaluation and Management Place of Service Restrictions - Part 2	<p>The AMA CPT Manual, CMS Level II HCPCS Manual, as well as the instructions in the CPT Manual, define certain evaluation and management services that should be limited to specific places of service.</p> <p>CPT codes 99381-99397 (Comprehensive preventive medicine services) billed at a place of service other than one of the following will be denied:</p> <ul style="list-style-type: none"> 03 (School) 04 (Homeless shelter) 05 (Indian health service free-standing facility) 06 (Indian health service provider-based facility) 07 (Tribal 638 free-standing facility) 08 (Tribal 638 provider-based facility) 09 (Prison) 11 (Office) 12 (Home) 13 (Assisted living facility) 14 (Group home) 15 (Mobile Unit) 16 (Temporary lodging) 17 (Walk-in retail health clinic) 18 (Place of employment/worksite) 19 (Outpatient hospital - off campus) 22 (Outpatient hospital - on campus) 26 (Military treatment facility) 33 (Custodial care facility) 49 (Independent clinic) 50 (Federally qualified health center) 71 (State or local public health clinic) 72 (Rural health clinic)



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Evaluation and Management Services Policy - Consultation with Annual Exam or Screening Diagnoses	According to the ICD Manual, the use of a health supervision diagnosis (ICD-10 codes Z76.1-Z76.2) or routine examination diagnosis (ICD-10 codes Z00.0-Z00.129, Z01.41-Z01.419) indicates that a preventive medicine service was performed. Therefore, when a consultation service (CPT 99241-99245, 99446-99449, or 99451) is billed with one of these diagnosis codes, the consultation code is considered inappropriate and will be denied.
Bundled Services Policy - Bundled Services Billed on the Same Day as Other Payable Services	According to CMS policy, bundled/excluded codes (Status Indicator P) are considered incidental to other payable services when performed by the same tax group and specialty on the same date of service and are not payable separately. If any of these procedures billed without another payable procedure, then these procedures are allowed separately. Exception: When the Practitioner's office is the location of service (place of service 11), HCPCS code V2520 is eligible for reimbursement.