



PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Reimbursement Policy Updates Effective Aug. 15, 2024

Effective Date: Aug. 15, 2024

Health Plans Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners and US Family Health Plan (USFHP)

Type of Change: Reimbursement

Explanation of Change:

John Hopkins Health Plans has released its notification of updated reimbursement policies applicable to all health plans.

(RPC.020) Reduced Procedures (Modifier 52) – Updated

- If the portion of the procedure that was completed can be represented by another procedure code, Johns Hopkins Health Plans requires the provider to bill for the applicable procedure code instead of billing modifier 52.
- Modifier 52 may be submitted with radiology services in which the "supervision" and "interpretation" (S&I) components are performed by different providers and there is no CPT/HCPCS code that describes the portion of the service provided.
- Modifier 52 must be reported in the secondary position.
- Providers are responsible to know the difference between a reduced procedure (-52) and a terminated procedure (-53), and correctly append the appropriate modifier or the claim may be denied.
- Maryland Waiver Providers are required to bill services in accordance to the Health Services Cost Review Commission (HSCRC) rules and regulations, and will be reimbursed under the HSCRC payment methodology.
- **Advantage MD/EHP/USFHP:** Covered ASC's claims will be paid at 100% of the allowable amount, when Mod 52 is billed on claim.
- **Priority Partners:** Covered ASC's claims will be paid at 100% of the allowable amount, when Mod 52 is billed on claim. Johns Hopkins Health Plans requires all providers delivering services to Priority Partners members to have an active enrollment status in the electronic Provider Revalidation and Enrollment Portal (ePREP) on the date of service or the claim will be denied.
- Policy format updated, About Section, References and Definition tables added.

(RPC.035) Inpatient Reimbursement Guidelines, Facility – Updated

New ICD-10-CM Diagnosis Coding Section Added

- Johns Hopkins Health Plans follows CMS, the National Center for Health Statistics (NCHS), and the Department of Health and Human Services (DHHS), direction on the coding and sequencing of diagnosis codes guidelines based on the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for Coding and Reporting.
- Consistent with ICD-10-CM and the Uniform Hospital Discharge Data Set (UHDDS) guidance, the circumstances of inpatient admission always govern the selection of principal diagnosis.

- When ICD-10 codes are reported incorrectly or when an inappropriate diagnosis is pointed to or linked as primary on the claim form, Johns Hopkins Health Plans will deny the associated claim line.
- ICD-10-CM guidelines that denote mutually exclusive codes, representing two conditions that cannot be reported together, will be denied. Providers are to report codes in alignment with the Excludes 1 or Excludes 2 guidelines when submitting claims.
- Policy format updated, About Section, References and Definition tables added.

REFERENCES*:

- [American College of Obstetricians and Gynecologists \(ACOG\)](#)
- [CMS Hospital-Acquired Conditions](#)
- [COMAR- Maryland Department of Health- Maryland Medicaid Administration](#)
- [ICD-10-CM Official Guidelines for Coding and Reporting](#)
- [Medicare Billing Form CMS-1450 and the 837I Booklet](#)
- [Medicare Claims Processing Manual CH. 1 - General Billing Requirements](#)
- [Medicare Claims Processing Manual CH. 3 - Inpatient Hospital Billing](#)
- [Medicare Claims Processing Manual CH. 25 - Completing and Processing the Form CMS-1450 Data Set](#)
- [National Uniform Billing Committee \(NUBC\)](#)
- [TRICARE Reimbursement Manual](#)
- [TRICARE Reimbursement Manual Chapter 6 Diagnosis Related Groups \(DRGs\)](#)
- [TRICARE Manuals - Display Chap 2 Sect 5.4](#)
- [TRICARE Reimbursement Manual](#)

To view the [Johns Hopkins Health Plans Reimbursement Policies](#) on or after the effective date, please go to: **[HopkinsHealthPlans.org](#) > [For Providers](#) > [Policies](#) > [Reimbursement Policies](#)**

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