

FACILITY BULLETINS RELATED TO G-CODES AND SEVERITY MODIFIERS END-DATED

Information Available in Reimbursement Policies RP-011 & RP-035

The publication of new Facility Bulletins was discontinued in 2015; however, Facility Bulletins published in prior years remained available on the Provider Resource Center as an information source for facilities. We are currently reviewing all Facility Bulletins to determine whether Information they contain is still valid prior to archiving the bulletins. Information that remains valid will be transitioned to reimbursement policies or to the *Highmark Provider Manual*, unless it is already available in another resource (e.g., Medical Policy). Once information is transitioned, the bulletins will be end-dated and marked OBSOLETE. End-dated bulletins will remain accessible on the Provider Resource Center for historical purposes.

Effective August 20, 2019, Facility Bulletins on “Reporting New G-Codes Along With Severity/Complexity Modifiers When Billing for Outpatient Therapy Services” (bulletin numbers HOSP-2013-029-W; SNF-2013-002-W; HHA-2013-002-W; CORF-2013-001-W; and MPC-2013-014-W) were end-dated and marked OBSOLETE.

Information pertaining to G-codes and severity modifiers is now available in the following Reimbursement Policy Bulletins:

- **RP-011: Procedure Codes Not Applicable to Commercial Products**
- **RP-035: Correct Coding Guidelines**

NOTE: Effective for dates of service beginning January 1, 2019, the Centers for Medicare & Medicaid Services no longer requires the functional reporting of non-payable HCPCS G-codes and severity modifiers.

ACCESSING THESE RESOURCES ON THE PROVIDER RESOURCE CENTER

- All Facility Bulletins, including those that have been end-dated, are available on the Provider Resource Center under **NEWSLETTER/NOTICES**.
- **Reimbursement Policy** can be accessed under **CLAIMS, PAYMENT & REIMBURSEMENT**.