

CareOregon Provider Memorandum

Discontinued modifiers when used with CPT 90899



Effective 10/01/2023, CPT code 90899 will no longer be accepted when billed with modifiers 15, 30, and 60.

90899 is targeted to providers that have a contractual carve out to use this code to account for services not accountable via a claim (coordination of care, outreach and support, travel).

CareOregon will accept and adjudicate 90899 claims when billed in 15-minute units.

Duration	Current state - CIM	Effective 10/01/2023 QNXT
8-22 minutes	90899 modifier 15- Tier 1 FFSE \$28 Tier 2 FFSE \$37	90899 x 1 unit
23-37 minutes	90899 modifier 30- Tier 1 FFSE \$56 Tier 2 FFSE \$72	90899 x 2 units
53+ minutes	90899 modifier 60- Tier 1 FFSE \$112 Tier 2 FFSE \$143	90899 x 4 units

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.

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