Welcome to 2019! A Primer on the Codes Most Pertinent to APCD Reporting

Onpoint User Group Sessions

Onpoint Health Data

January 30, 2019

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Welcome to Onpoint's User Group!

- Kicking Off Onpoint's User Group Sessions
- Raising Questions & Requesting Materials
- Presenter Profile & Session Agenda

Chad MacLeod, *CPB, Product Manager*

Kicking off Onpoint's User Group Sessions

Welcome to 2019! A Primer on the Most Pertinent Codes to APCD Reporting

As we head into the new year, join us for an exploration of the codes most often reported to our clients' APCDs – and how to report them appropriately. This webinar will offer an overview of what our team has seen in the past and what we anticipate seeing as we move into 2019. The discussion, which will include Q&A throughout, will span the difference between the various coding systems that support the data crucial to APCD analysts, including Category III, CPT, HCPCS (e.g., D, G, J, and T code sets), HIPPS, ICD procedure codes, and more. Learn more and register here.

What is Identity Resolution? Tracking Members & Providers Across Time & Payers

A reliable method of following individuals – both patients and providers – is one of the most critical components of a reliable APCD. Overcoming variable and incomplete reporting of member and provider identifiers is one of the most formidable challenges to building these ID systems, typically known as master patient and provider indices (MPIs). Join Onpoint to learn more about how we overcome these challenges to build MPIs that help our clients and their end users successfully build analytics based on their APCD data. Learn more and register here.

- New Onpoint user group webinar sessions scheduled through May 2019
- Open to clients, stakeholders, and data users alike to increase use of APCD data
- Topics of interest and/or data showcase opportunities may be invited

Making the Most of Final Claims & Their Value-Adds

How do you resolve repeatedly adjudicated claims to arrive at the final claim? Join us to walk through some of the approaches that we take to provide end users with a fully consolidated claim and to review best practices on selecting the right claim records (e.g., orphan claims, duplicate claims, etc.). Onpoint has worked with health plans across the nation to understand myriad approaches to claims consolidation along with using analytic value-adds. Our team is excited to share some of these solutions when working with complex plan submissions. Learn more and register here.

Raising Questions & Requesting Materials

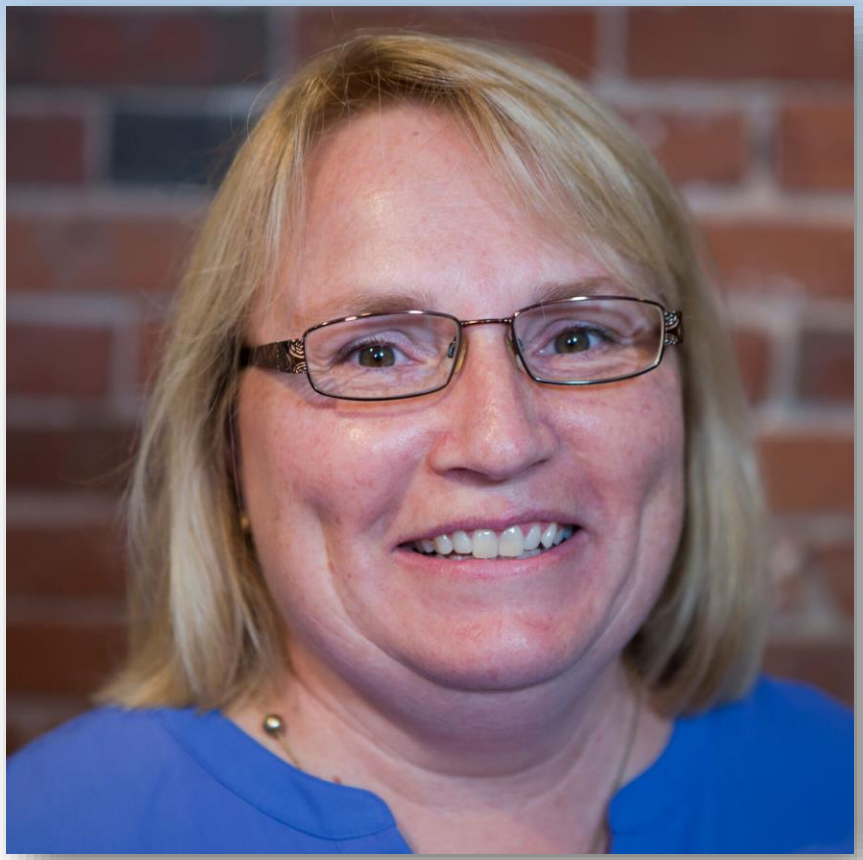
- During the meeting:
  - Send all general-interest questions via Zoom's comments panel
  - Get ready: There will be three pop quizzes and one poll during the session
- After the meeting:
  - Send client-specific and/or follow-up questions and requests for session materials to events@onpointhealthdata.org
  - Visit our Resources page for future event listings at www.onpointhealthdata.org/resources

Presenter Profile

Janice Bourgault, CPC, CPB

Senior Director of Client Services

- More than 25 years' experience in healthcare financial and operations management with roles spanning finance, revenue management, EHR integration, and health analytics
- Certified professional coder and biller
- In-depth knowledge of insurance claims data, provider reimbursement policies, and adjudication systems
- Oversight of Onpoint's data quality procedures for extract and reporting services and data user support and training activities



Session Agenda

#	Topic	Onpoint Presenter	Time (ET)
1	Welcome to Onpoint's User Group!	Chad MacLeod, *Product Manager*	12:00-12:05PM
2	APCD Reporting Codes Overview • CPT Codes • HCPCS Codes • CDT Codes • Revenue Codes • ICD Procedure Codes	Janice Bourgault, *CPB, CPC, Senior Director of Client Services*	12:05-12:20
3	Helpful Coding Tips & Reminders • Modifiers • Charge Amounts • Global Codes	Janice Bourgault, *CPB, CPC, Senior Director of Client Services*	12:20-12:40
4	Questions & Answers	All	12:40-12:50
5	Looking Ahead: User Group Session #2	Chad MacLeod, *CPB, Product Manager*	12:50-1:00

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APCD Reporting Codes Overview

- **CPT Codes**
- HCPCS Codes
- CDT Codes
- Revenue Codes
- ICD Procedure Codes

Janice Bourgault, *CPB, CPC, Senior Director of Client Services*

Overview of CPT Codes

- Current Procedural Terminology (CPT) code set
- Maintained by the American Medical Association (AMA)
- Standardized reporting of medical services and procedures performed by physicians
- Codes fall into three categories:
  - Category I – Five-digit codes with descriptors that correspond to a procedure or service
  - Category II – Alphanumeric codes that are used for execution measurement
  - Category III – Provisional codes for new and developing technology, procedures, and services

Identifying Non-Surgical CPT Codes

Code Range	Category
99201 – 99499	Evaluation & Management (E&M) Services
00100 – 01999 99100 – 99140	Anesthesia Anesthesia Under Difficult Circumstances*
70010 – 79999	Radiology Procedures
80047 – 89398	Pathology & Laboratory Procedures
90281 – 99607	General Medicine*

** "Anesthesia Under Difficult Circumstances" codes are a subset of the "General Medicine" code category*

Identifying Surgical CPT Codes (1 of 2)

Code Range	Category
10004 – 10021	General Surgery
10030 – 19499	Integumentary System
20100 – 29999	Musculoskeletal System
30000 – 32999	Respiratory System
33010 – 37799	Cardiovascular System
38100 – 38999	Hemic & Lymphatic Systems
39000 – 39599	Mediastinum & Diaphragm Systems
40490 – 49999	Digestive System

Identifying Surgical CPT Codes (2 of 2)

Code Range	Category
50010 – 53899	Urinary System
54000 – 55980	Male Genital System, Reproductive System, Intersex Surgery
56405 – 60699	Female Genital System
61000 – 64999	Nervous System
65091 – 68899	Eye & Ocular Adnexa
69000 – 69990	Auditory System, Operating Microscope Procedures

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APCD Reporting Codes Overview

- CPT Codes
- **HCPCS Codes**
- CDT Codes
- Revenue Codes
- ICD Procedure Codes

Overview of HCPCS Codes

- Healthcare Common Procedure Coding System (HCPCS) code set
- Maintained by the U.S. Centers for Medicare and Medicaid Services (CMS)
  - The full HCPCS code set is publicly available
- Standardized reporting for services not covered by CPT
- Includes code sets specific to:
  - CMS Medicare
  - State Medicaid programs
  - Private health plans

Identifying HCPCS Codes (1 of 2)

Code Range	Category
A-Codes	Transportation, Medical & Surgical Supplies, Miscellaneous & Experimental
B-Codes	Enteral and Parenteral Therapy
C-Codes	Temporary Hospital Outpatient Prospective Payment System
E-Codes	Durable Medical Equipment (DME)
G-Codes	Temporary Procedures and Professional Services (Medicare)
H-Codes	Alcohol and Drug Abuse Treatment (Medicaid)
J-Codes	Drugs Administered Other than Oral Method & Chemotherapy Drugs
K-Codes	Temporary Codes for Durable Medical Equipment Regional Carriers

Identifying HCPCS Codes (2 of 2)

Code Range	Category
L-Codes	Orthotic & Prosthetic Procedures & Devices
M-Codes	Medical Services
P-Codes	Pathology & Laboratory Services
Q-Codes	Temporary Codes
R-Codes	Diagnostic Radiology Services
S-Codes	Temporary National Codes (Non-Medicare)
T-Codes	State Medicaid Agency Codes
V-Codes	Vision & Hearing Services

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APCD Reporting Codes Overview

- CPT Codes
- HCPCS Codes
- **CDT Codes**
- Revenue Codes
- ICD Procedure Codes

Overview of CDT Codes

- Current Dental Terminology (CDT) code set
  - Encompasses dental codes; commonly referred to as D-codes
- Maintained by the American Dental Association (ADA)
  - No longer included as part of the HCPCS code set (effective January 1, 2011)
- CDT codes are accepted on both:
  - Dental claims
  - Medical claims (limitedly; varies by insurance carrier)

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APCD Reporting Codes Overview

- CPT Codes
- HCPCS Codes
- CDT Codes
- **Revenue Codes**
- ICD Procedure Codes

Overview of Revenue Codes (1 of 2)

- Facility claims (UB-04)
- Maintained by National Uniform Billing Committee (NUBC)
- Inpatient claims
  - Charges are rolled up into each revenue code
  - Each revenue code is reported once
  - Codes are reported in ascending numerical order
  - No HCPCS/CPT codes are reported
- Outpatient claims
  - Revenue codes can be repeated
    - For each HCPCS/CPT code
    - For each date of service

Overview of Revenue Codes (2 of 2)

012x Room & Board – Semi-Private (Two Beds)

Subcategory	Subcategory Definition	Unit	HCPCS
0	General Classification	Days	N
1	Medical/Surgical/GYN	Days	N
2	Obstetrics (OB)	Days	N
3	Pediatric	Days	N
4	Psychiatric	Days	N
5	Hospice	Days	N
6	Detoxification	Days	N
7	Oncology	Days	N
8	Rehabilitation	Days	N
9	Other	Days	N

Revenue Codes with HCPCS & CPT Codes

030x Laboratory

Subcategory	Subcategory Definition	Unit	HCPCS
0	General Classification	Tests	Y
1	Chemistry	Tests	Y
2	Immunology	Tests	Y
3	Renal Patient (Home)	Tests	Y
4	Non-Routine Dialysis	Tests	Y
5	Hematology	Tests	Y
6	Bacteriology & Microbiology	Tests	Y
7	Urology	Tests	Y
8	Reserved	Tests	Y
9	Other Laboratory	Tests	Y

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APCD Reporting Codes Overview

- CPT Codes
- HCPCS Codes
- CDT Codes
- Revenue Codes
- **ICD Procedure Codes**

Overview of ICD Procedure Codes

- International Classification of Diseases-Procedures (ICD-PCS) code set
- Maintained by the U.S. Centers for Medicare and Medicaid Services (CMS)
  - The full ICD Procedure code set is publicly available
- ICD procedure codes are accepted on inpatient facility claims
  - Principal code
  - Up to 24 additional codes
  - Corresponding dates for each reported procedure code
- Billable procedures are included on a provider's professional claim
- ICD code set updates
  - Transition to tenth edition (i.e., from 'ICD-9' to 'ICD-10')
  - Effective October 1, 2015
- Commonly used in the generation of Diagnosis-Related Groups (DRGs) and performance measures

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APCD Reporting Codes Overview

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- HCPCS Codes
- CDT Codes
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- ICD Procedure Codes

Key Code Sets Used in APCD Reporting

Code Set	Format	Example	Updates	Effective Date
CPT	Numeric	99387	Annually	January
HCPCS	Alpha-numeric	G0438	3x Yearly	February, June, October
CDT	Alpha-numeric	D0120	Annually	January
Revenue	Numeric	0120	Annually	July
ICD Procedure	ICD9 Numeric ICD10 Alpha-numeric	0071 0SR907Z	Annually	October
CPT Category II	Alpha-numeric	1000F	2x Yearly	January, July
CPT Category III	Alpha-numeric	0346T	2x Yearly	January, July

Locating Codes in Billing Forms

Code Set	Professional Claims (CMS-1500/ADA)	Facility Claims (UB-04)
CPT	Yes	Outpatient Only
HCPCS	Yes	Outpatient Only
CDT	Yes	Outpatient Only
Revenue	No	Yes
ICD Procedure	No	Inpatient Only
CPT Category II	Yes	No
CPT Category III	Yes	Outpatient Only

Locating Codes in Onpoint's APCD Reporting

Code Set	Data Element / Reference Table	Extract Table (General)
CPT	procedure_code	medical, dental
HCPCS	procedure_code	medical, dental
CDT	procedure_code	dental, medical
Revenue	revenue_code	medical
ICD Procedure	icd_procedure	medical
CPT Category II	procedure_code	medical
CPT Category III	procedure_code	medical

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Helpful Coding Tips & Reminders

- **Modifiers**
- *Quantities & Charge Amounts*
- *Global Codes*

Overview of Modifiers

- CPT modifiers are maintained by the American Medical Association (AMA)
- HCPCS modifiers are maintained by the U.S. Centers for Medicare and Medicaid Services (CMS)
- Modifiers are used in conjunction with CPT codes and HCPCS codes
  - Up to four modifiers per service line
  - Modifiers are not accepted on dental claims
- Primarily used to provide additional information about the service not captured by the selected CPT code or HCPCS code
- Duplicate codes
  - Ambulance service modifiers
  - HCPCS modifiers

Using Ambulance Modifiers (1 of 2)

Code	Description
D	Diagnostic or Therapeutic Site (Other than P or H)
E	Residential, Domiciliary, Custodial Facility (Other than 1819 Facility)
G	Hospital-Based ESRD Facility
H	Hospital
I	Site of Transfer Between Modes of Ambulance Transport
J	Freestanding ESRD Facility
N	Skilled Nursing Facility
P	Physician's Office
R	Residence
S	Scene of Accident or Acute Event
X	Intermediate Stop at Physician's Office on Way to Hospital (Destination Code Only)

Using Ambulance Modifiers (2 of 2)

- Ambulance service HCPCS codes (A0021 – A0999)
- Modifier structure:
  - First character – Denotes the origin of the ambulance service (i.e., FROM destination)
  - Second character – Reports the destination (i.e., TO destination)
- Examples:
  - HH – Ambulance trip from discharge/transfer from one hospital to another hospital (HCPCS codes A0021 – A0999)
  - HH – Integrated Mental Health / Substance Abuse Program (all other HCPCS/CPT codes)

Identifying Commonly Used Modifiers (1 of 2)

- **25** – Significant, separately identifiable E&M service performed on the same session/day of a minor procedure or other service
  - Used to facilitate billing of E&M services on the day of a procedure for which separate payment may be made
  - Both the medically necessary E&M service and the procedure must be appropriately and sufficiently documented in the patient's medical record to support the claim for these services

Code	Description	Modifier
99396	Preventive Visit	
99213	Office Visit	25

Identifying Commonly Used Modifiers (2 of 2)

- **26** – Identifying professional components only for a service/procedure
  - Provided by the physician and may include supervision, interpretation, and a written report.
  - Inappropriate to use if there is a dedicated code to describe only the professional component
- **TC** – Identifying technical components only for a service/procedure
  - Appropriate to use by the entity that provides the testing equipment
  - Inappropriate to use by physicians providing services for Medicare patients in a hospital/facility
  - Inappropriate to use if there is a dedicated code to describe only the technical component

Code	Code Description	Modifier	Modifier Description
70450	CT Head or Brain	26	Reading Only
70450	CT Head or Brain	TC	Test Only
70450	CT Head or Brain		Global (Both Reading & Test)

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Helpful Coding Tips & Reminders

- *Modifiers*
- **Quantities & Charge Amounts**
- *Global Codes*

Understanding Variation in Quantity Units

Code	Description	Unit	Quantity	Instance
99213	Office Visit	Visit	1	1
97110	Therapeutic Procedure/Exercises	15 Minutes	3	1
A0425	Ambulance Services (via Ground)	Mile	100	1
A0426	Ambulance Services (via Air)	Mile	9,000	1
J1110	Injection, Dihydroergotamine Mesylate	Per 1 mg.	2	1
A4556	Electrodes	Per Pair	1	1
S5125	Attendant Care Services	15 Minutes	16	1
90472	Additional Vaccine Administration	Per Vaccine	3	3

Understanding $0.01 Charge Amounts (1 of 2)

- **Use case:** $0.01 charge amounts are used to report vaccinations not purchased by the provider
- Examples:
  - State-supplied vaccinations
    - » 90715 (TDP, 7 Years or Older)
  - Member-purchased vaccinations
    - » 90649 (HPV)

Understanding $0.01 Charge Amounts (2 of 2)

- **Use case:** $0.01 charge amounts are used to report quality metrics
- Examples:
  - Medicare quality reporting program code sets (e.g., Physician Quality Reporting System (PQRS))
    - » G8427 (Patient's Medications Renewed)
  - CPT Category II code sets
    - » 1036F (Current Tobacco Non-User)

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Helpful Coding Tips & Reminders

- *Modifiers*
- *Quantities & Charge Amounts*
- **Global Codes**

Using Global Codes for Maternity Care (1 of 3)

- Ante-partum, delivery, and postpartum care
  - Vaginal delivery: 59400
  - Cesarean delivery: 59510
  - Vaginal birth after cesarean (VBAC): 59610
  - Cesarean after attempted VBAC: 59618

Using Global Codes for Maternity Care (2 of 3)

- Ante-partum care only
  - 1 to 3 visits: E&M codes
  - 4 to 6 visits: 59425
  - 7 or more visits: 59426
- Postpartum only: 59430
- Delivery only
- Delivery with postpartum care only
- Non-maternity related care: E&M codes

Using Global Codes for Maternity Care (3 of 3)

Payer	First Service Date	Last Service Date	Quantity	Global Code	Global Code Description
A	First Visit	Last Visit	1	59425	4 to 6 Visits
B	First Visit	Last Visit	1	59426	7 or More Visits
B	Delivery Date	Delivery Date	1	59410	Delivery with Postpartum Care

Using Global Codes for Lab Panels

- Basic metabolic panel (calcium, ionized): 80047
  - Calcium, ionized: 82330
  - Carbon dioxide (bicarbonate): 82374
  - Chloride: 82435
  - Creatinine: 82565
  - Glucose: 82947
  - Potassium: 84132
  - Sodium: 84295
  - Urea nitrogen (BUN): 84520

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Questions & Answers

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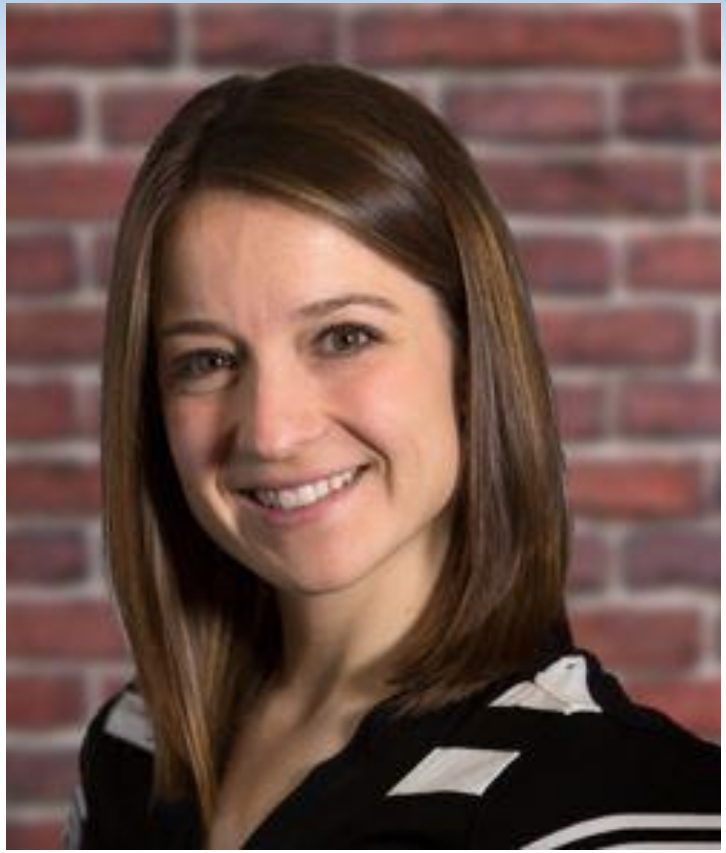
Looking Ahead: User Group Session #2

Chad MacLeod, *CPB, Product Manager*

Next User Group Session

- **Topic:** What is Identity Resolution? Tracking Members & Providers Across Time & Payers
- **Date/Time:** Tuesday, March 26, 2019; 12-1PM (ET)
- **Intended Audience:** Onpoint Data Users
- **Presenter:** Katherine Lydon, MPH, Senior Health Data Analyst
  - More than 10 years' experience in healthcare data management and analytics and reporting
  - Expertise in identity resolution (master member and provider indices), attribution methodologies (member and provider), and performance measurement and consumer reporting



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