HOP Presentation

By Terri Rinker, Chair
Provider Round Table (PRT)

Status Indicator B

August 21, 2023

Presentation Checklist

- Financial relationship – slide 3

- Description of issue – slide 4-5

- APCs involved and requests – slide 6

- Expected outcome and Potential consequences of not making the change – slide 7

- Summary of Recommendations – slide 8

- Appendix – List of PRT Members

Financial Relationships

Terri Rinker, Executive Director Revenue Cycle Performance

Community Health Network

Indianapolis, IN and Chair of the PRT

The PRT includes volunteer representatives from 9 multi-hospital health systems serving patients in 19 states. PRT members are employees of hospitals. This presentation was not paid by any sponsor. See the Appendix for a listing of the 9 health systems.

Definition and Concerns for Status Indicator "B"

<u>Definition & Scope of Issue</u>

- Status Indicator **"B" "**not recognized or paid under the OPPS; <u>an alternate code may be available </u>(often, the alternative code is the visit HCPCS G0463; sometimes its another HCPCS code)

- For 2024, 974 HCPCS codes have a "B" status indicator (SI). This is from a low of around 344 in 2005 to a high of 1200 in 2023.

Level Setting on Hospital Services

- In the PRT's view, there are two types of hospital services
  - First type - When a treating clinician (within their scope) is in the hospital department, providing a personal, hands-on service to a registered hospital outpatient. In these encounters…
    - There will be a professional 1500/837P claim submitted with a hospital outpatient POS code
    - There will be a hospital UB-04/837I claim submitted to report the hospital services

  - Second Type - When a treating clinician orders a service to be performed by hospital staff (either an outpatient diagnostic or therapeutic service) under the appropriate supervision and coverage requirements
    - Most often, there will <u>only</u> be a hospital UB-04/1500 claim submitted to report the hospital services
    - For some diagnostic services, a professional 1500/837P may be submitted for the professional interpretation and report

- For most OPPS services of the first type, the AMA CPT code reported on professional claims is the same CPT code reported on the hospital claims and this is important for CMS to understand beneficiary services being furnished to hospital outpatients and for rate setting

- Likewise, many second type OPPS services are also reported with the AMA CPT code, and this is used to report the facility resources, yet for many SI = B services, CMS does not allow the AMA CPT code to be reported even when there are no apparent CMS coverage or benefit concerns with the AMA CPT code

Services Recommended for Assignment to APCs and Status Indictor Changes

- For the non-payable status indicator "B", it is not always easy to discern what the alternate code should be.

- In the first table below, we show RPM services that have status "B" assigned and the most likely alternate HCPCS code is G0463. Other remote services have payable status indicators assigned. Per OPPS policy, add-on codes are assigned status indicator "N."

- In the second table, we show patient care service codes that should be changed to status indicator "S." Other similar patient care services have payable status indicators assigned.

HCPCS Code	Short Descriptor	Current SI	Requested SI	Requested APC Assignment
0734T	Rem r-t mtn nrehab tx mgmt	B	S	APC 5741 for Level 1 Electronic Data Analysis with Pmt Rate of $36.79
98980	Rem ther mntr 1st 20 min	B	S	APC 5741 for Level 1 Electronic Data Analysis with Pmt Rate of $36.79
98981	Rem ther mntr ea addl 20 min	B	N	NA
99457	Rem physiol mntr 1st 20 min	B	S	APC 5741 for Level 1 Electronic Data Analysis with Pmt Rate of $36.79
99458	Rem physiol mntr ea addl 20	B	N	NA
99474	Self-meas bp 2 readg bid 30d	B	S	APC 5741 for Level 1 Electronic Data Analysis with Pmt Rate of $36.79

HCPCS Code	Short Descriptor	Current SI	Requested SI	Requested APC assignment
93792	Pt/caregiver traing home inr	B	S	APC 5821 for Level 1 Health and Behavior Services for $28.29
93793	Anticoag mgmt pt warfarin	B	S	APC 5821 for Level 1 Health and Behavior Services for $28.29

Expected Outcome

- Improved assignment of services to existing APCs for clinical and resource homogeneity

Potential consequences of not making the change

- Less accurate assignment of services to existing APCs and reduced clinical and resource homogeneity

Recommendations and Summary

- The PRT asks HOP to recommend to CMS that:

    1. The Agency change the SI of remote codes (98980, 99457, 99474, 0734T) to "S" and assign to APC 5741 and make related add-on code status changes per OPPS policy to "N"

    2. The Agency change the SI of patient care service codes (93792 and 93793) to "S" and assign to APC 5821

Appendix – List of PRT Members

- *Advocate Health (NC, SC, GA, AL)*

- *Avera Health
(IA, MN, NE, ND, SD)*

- *Community Health Network (IN)*

- *Erlanger Health System (TN)*

- *Franciscan Missionaries of Our Lady Health System (LA)*

- *Hartford Healthcare (CT)*

- *Oregon Health & Science University (OR)*

- *University of Florida Health Shands (FL)*

- *University of Pittsburgh Medical Center
(PA, NY)*