MONTHLY TIPS AND TRICKS:

SUPPLEMENTAL SUBMISSIONS FOR RISK ADJUSTMENT AND PERFORMANCE REPORTING

HOW TO SUCCEED IN RAF, HEDIS, AND MACRA*

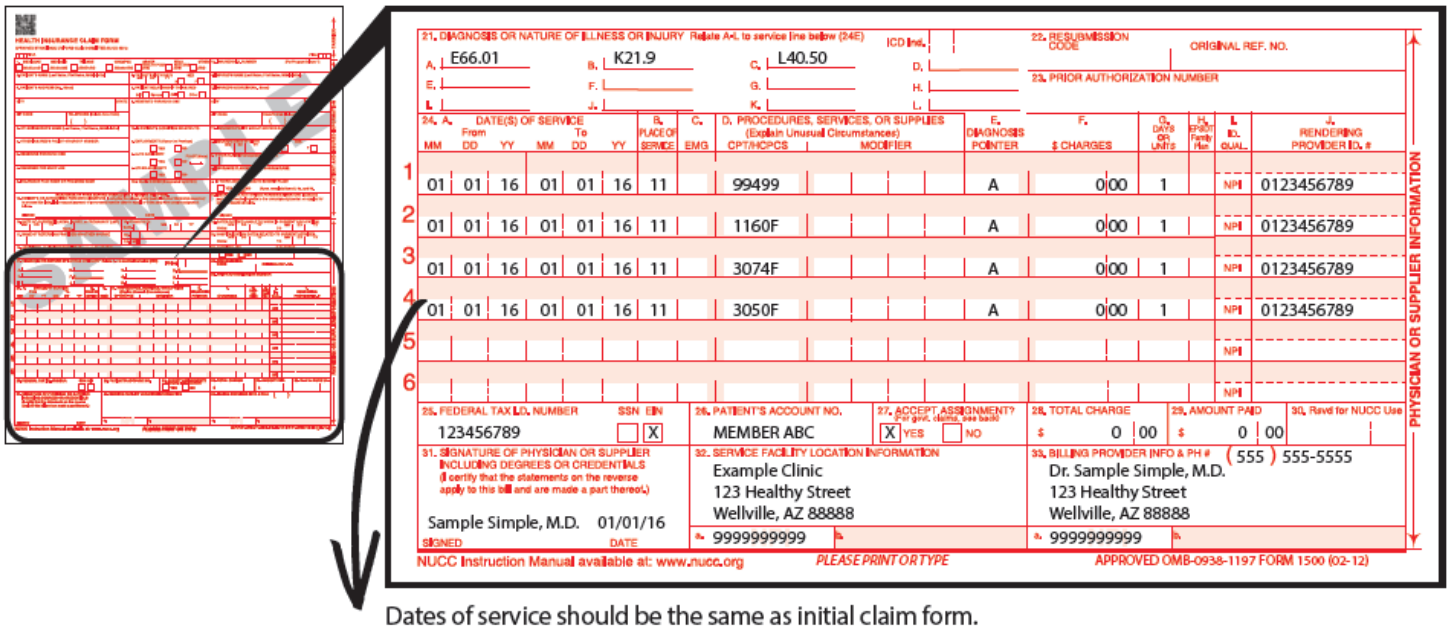
$0 pay codes and diagnosis codes count! Here's why:

- **Category I CPT codes are not the only codes which can impact compensation.** Physician remunerations (including Medicare reimbursements and incentive payments from health plans) are also influenced by diagnosis (ICD-10) coding and category II CPT (CPT-II) coding. *Maximizing your ICD-10 and CPT-II coding will put you at a financial advantage.*
- To allow for increased diagnosis code and CPT code submissions, Health Choice accepts more than one claim form with the same date of service. This will assist with quality reporting (CPT-II codes) for MIPS (Merit based incentive payment system), HEDIS (Healthcare Effectiveness Data and Information Set) and state Medicaid performance metrics, and diagnosis coding for risk adjustment.

HOW DO I MAKE THE MOST OF MY CODING?

- If you believe your software, billing vendor, or clearinghouse are limiting your code submissions (e.g. to only four diagnosis codes and/or only six CPT codes per claim), you can use multiple claim forms to **report more codes for the same date of service.**
- The claim form allows a maximum of 12 diagnosis codes and 6 CPT/HCPCS codes to be submitted per form.
- Providers can submit additional diagnoses and/or CPT codes by using an additional claim form for the same date of service. **99499 should be used as the initial CPT code (line 1 of section 24) for any additional claim form.**

SAMPLE OF SUPPLEMENTAL CLAIM FORM:



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind.
A. E66.01 B. K21.9 C. L40.50 D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	16	01	01	16	11		99499		A	0 00	1		NPI	0123456789
2	01	01	16	01	01	16	11		1160F		A	0 00	1		NPI	0123456789
3	01	01	16	01	01	16	11		3074F		A	0 00	1		NPI	0123456789
4	01	01	16	01	01	16	11		3050F		A	0 00	1		NPI	0123456789
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 123456789 X
26. PATIENT'S ACCOUNT NO.: MEMBER ABC
27. ACCEPT ASSIGNMENT? (For govt. claims, see back): X YES NO
28. TOTAL CHARGE: $ 0 00
29. AMOUNT PAID: $ 0 00
30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Sample Simple, M.D. 01/01/16
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
Example Clinic
123 Healthy Street
Wellville, AZ 88888
a. 9999999999 b.

33. BILLING PROVIDER INFO & PH # (555) 555-5555
Dr. Sample Simple, M.D.
123 Healthy Street
Wellville, AZ 88888
a. 9999999999 b.

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Dates of service should be the same as initial claim form.

- Initial claim (not pictured) lists twelve ICD-10 (diagnosis) codes in section 21; section 24 lists CPT code G0439 for the subsequent Annual Wellness Visit (hypothetical example), and multiple other codes.
- Second claim form (shown above) lists additional diagnosis codes in section 21, and uses CPT code 99499 in line 1 of section 24. Additional CPT codes are listed in lines 2 - 6 as appropriate.
- Remember: **use 99499 for the CPT service code on any subsequent form(s) to report additional codes for the same encounter.**
- Bill the amount $0.00 or $0.01. Submit all claim forms to Health Choice.

*Risk Adjustment Factor, Healthcare Effectiveness Data and Information Set, and the Medicare Access and CHIP Reauthorization Act