vitalware®

CLIENT APPRECIATION WEEK

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

Wendy Kennedy

BS, RHIT, CCS, CRCR

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

A Strategic Plan for Year-end Chargemaster Updates

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Disclaimer Statement

This presentation was current at the time it was published or provided via the web and is designed to provide accurate and authoritative information in regard to the subject matter covered. The information provided is only intended to be a general overview with the understanding that neither the presenter nor the event sponsor is engaged in rendering specific coding advice. It is not intended to take the place of either the written policies or regulations. We encourage participants to review the specific regulations and other interpretive materials as necessary.

All CPT® codes are trademarked by the American Medical Association (AMA) and all revenue codes are copyrighted by the American Hospital Association (AHA).

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

Agenda

- Review Pre-planning steps
- Define the who, what, where and when
- How to access source data for updates
- Create a plan to maximize VitalCDM reports to help ensure successful year end

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Pre-Work

Setting the Foundation for Success

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Chargemaster Policy / Procedure

CDM maintenance is not an ad hoc event but rather a mainstay to successful compliance program.

Policies should be in place that defines:

- Key stakeholders
- Roles and responsibilities
- Resources and Source Authority

Procedures to supplement the policy:

- Ensure timelines and milestones are included
- Ensure that appropriate data sources are available in a timely fashion
- Recommendations for clinical staff education on yearly maintenance and quarterly maintenance tasks
- Contact information of CDM personnel for questions

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

The Importance of Job Aids

Job Aids provide specific easy to use guidance to supplement the procedure:

- Provide detailed step by step instruction for clinical leaders to review department charges
  - Remember they may not understand specific terminology and may need further explanation in the job aids
- Provide specifics on how to access data required to perform tasks
- Provide plain English definitions
- Provide sample timelines and checklists
- Ensure that all clinical stakeholders have specific guidance that they can follow to be successful
- Job Aids are prevalent in most areas of the facility, as adjunct to policies and procedures

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Intranet As a Tool?

Many facilities create a secure intranet site to:

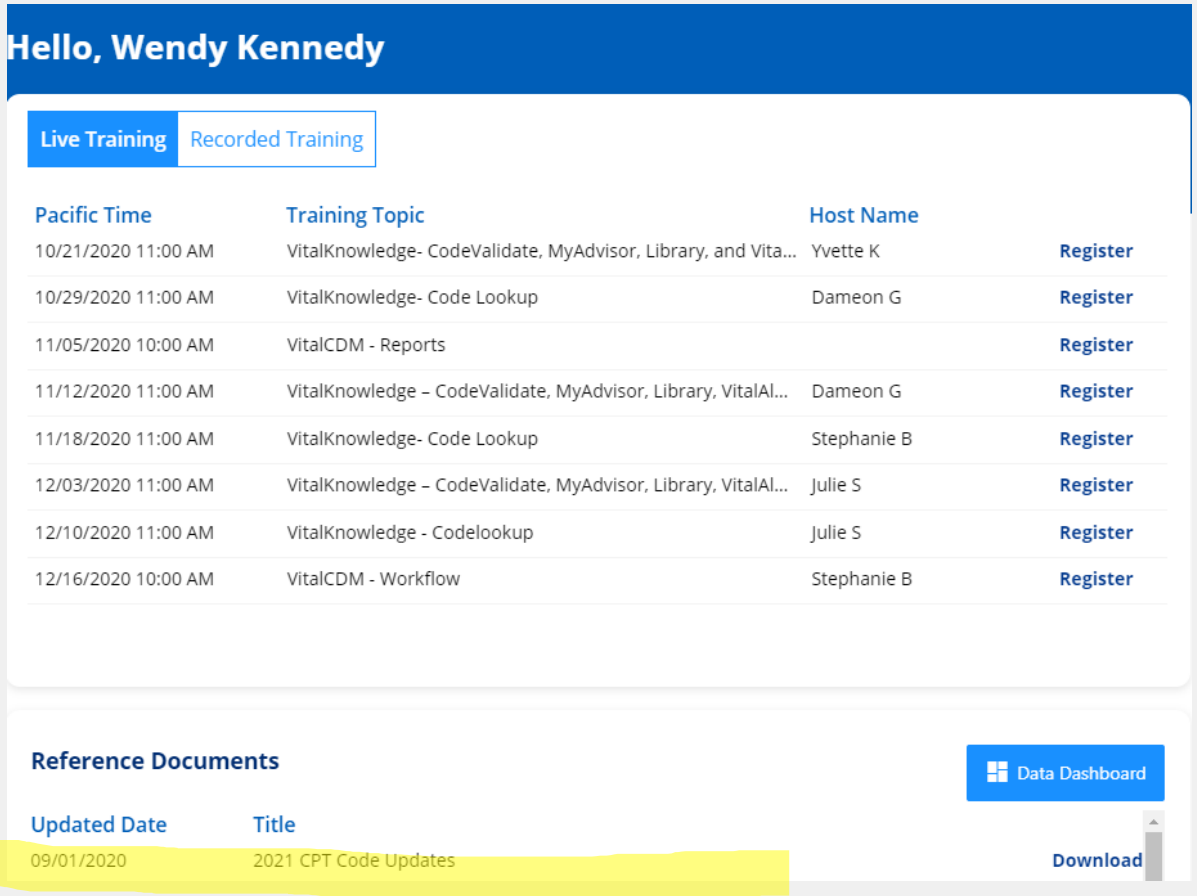
- House policy and procedure
- Checklists
- Meeting Date, Time and Location
- Timelines and Milestones
- Deadlines
- Contact information if questions arise
- Ability to set reminders in Outlook or other internal calendar system
- Folders by Department – allows department to review what they did the prior year as a template

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Source Authority Resources

- Current Year OPPS Addendum B
- Proposed OPPS Rule for the upcoming year including proposed Addendum B
  - 2021 OPPS Proposed Rule
- Vitalware provides a list of added, changed and deleted CPT codes each year on the main dashboard (included as an exhibit in this presentation)



Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Putting the Plan in Place

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Determine the Who, What, When & Where

Who

- Who should be on the team?
- Who will lead the team?
- Who will the team interact with?
- Who will the team report to?

What

- What will the team do?
- What are the expected outcomes?
- What data/information is needed?
- What tasks will each team member perform?

When

- When should the project start?
- When should milestones be met?
- When should the project end?
- When should issues be escalated?

Where

- Where do we get the data?
- Where do the changes need applied?

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Who are the key stakeholders

- Chargemaster
- Revenue Integrity
- Patient Financial Services
- Revenue Cycle Leaders
- IT/Clinical Systems
- Reimbursement/Finance
- Managed Care Contracting
- Clinical Leaders
- Internal Audit
- Financial / Clinical Education

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

What Are the Objectives and Deliverables

State your objectives

Define the deliverable

- Identify needs
- Define actions
- Assign tasks
- Define escalation process
- Consider PMO involvement to create a project plan to be implemented quarterly and for year end maintenance as a template for future events

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

When (Determine the Timeline)

Determine project kickoff

- Make sure you select a timeline that can be used in future years

Identify key milestone events and dates

- Code releases
- Holidays (frequently interfere with year end)
- Non-negotiable implementation end date (i.e. January 1)

Determine completion date

- Project completion date should be well in advance of the required date to allow for obstacles and testing

Define when issues will be escalated for remediation

- Define what triggers the escalation process and what the process should be

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Where

- Where is the CPT/HCPCS update data going to be obtained
- Where will changes be made
- Where will documentation be stored
- Where will the workflow become a standardized documentation location

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Setting the Framework

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 1: Utilize Policies and Procedure

Utilize policies and procedures to determine the overall work effort

- Organize all necessary guidance
- Templates or instructions on how to make changes in a system
- Project plans from prior years (if available)
- Include in policy a suggested maintenance schedule

Determine timelines and key resources

Ensure data is available

Schedule Kick Off presentation for key stakeholders

- Handouts
- Calendars or specific timelines

Set up a specific email address (if indicated) to ask questions about the process

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

VitalCDM Suggested Maintenance Schedule

Suggested Report Maintenance Schedule

Yearly	Monthly	Quarterly
• Pricing Analysis • SAF Peer Data Analysis	• Deleted NDC • NDC Analysis • Suggested Rev Code Assignment • Description Review • NDC APC Payment • Invalid NDC • Pricing Analysis • NDC to HCPCS Mismatch • Medicare Code Options • Reimbursable Drugs • APC Payment • FAC Fee Schedule Payment • PRO Fee Schedule Payment • Invalid Modifiers • Duplicate CPT/HCPCS • Invalid CPT/HCPCS Codes	• Deleted Codes • Revised Description • Status Indicator and / or Payment Change • Missing Primary / Add-On Relationships • Device Codes • Device Relationships • Invalid Revenue Codes • Questionable Revenue Codes • Reimbursable Items / Services • Not Billable to Medicare Payer (SI M) • Not Recognized by Medicare (SI E) • Not Recognized by OPPS (SI B)

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 2: Organize the Data - Current

Organize the data in a way that is useful to the process:

- Create CDM Reports specific to your organization
  - Use VitalCDM prospective analysis for 1/1/xxxx
  - Dashboard will provide a view of the number of lines being affected by future changes
  - Run analysis reports that provide the details of changes
- Analyze the data – determine revenue impact running a prospective analysis utilizing the Status Indicator and/or Payment Change report

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Organize the Full CDM Data

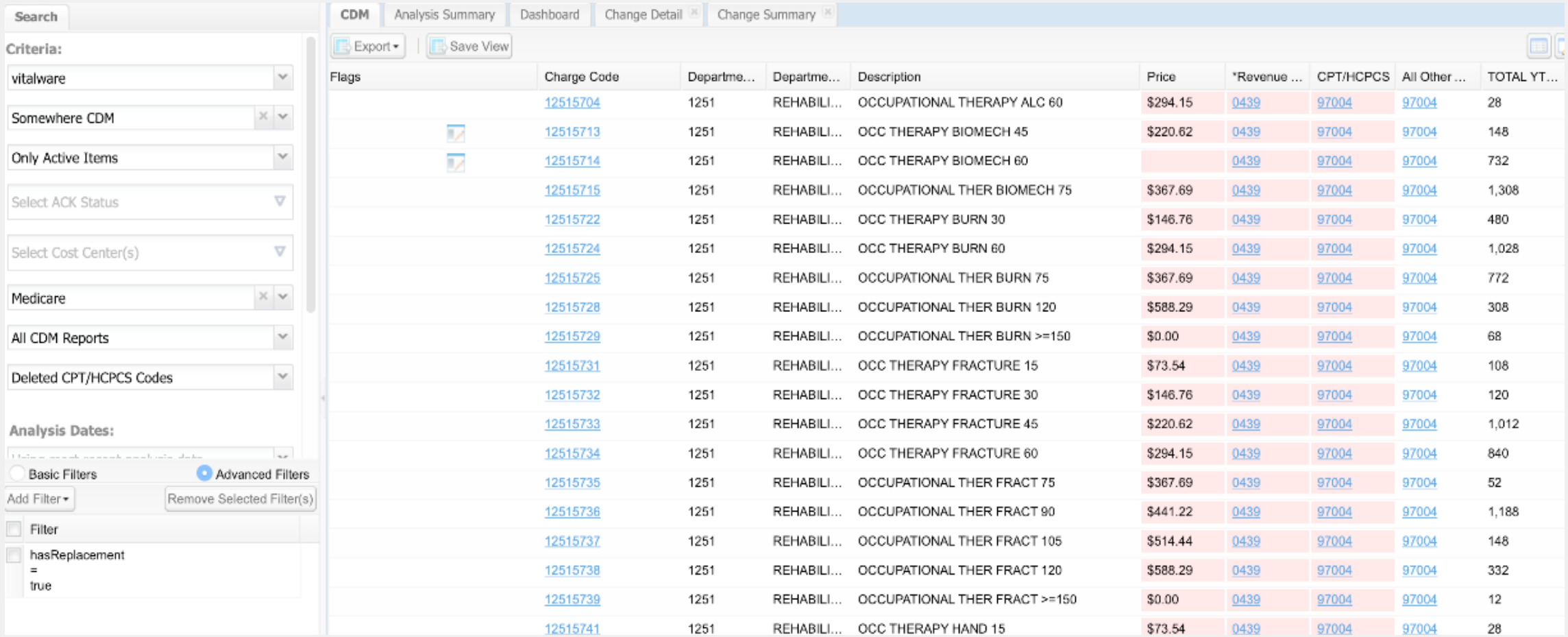
The chargemaster should be current based on your ongoing maintenance but:

- Still important to review the CDM for any lingering
  - Deleted CPT codes
  - Inactive CPT codes
- Remediate any lingering inaccuracies in the CDM ***PRIOR TO*** implementing year end changes

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Run the Overall CDM for Deleted Codes

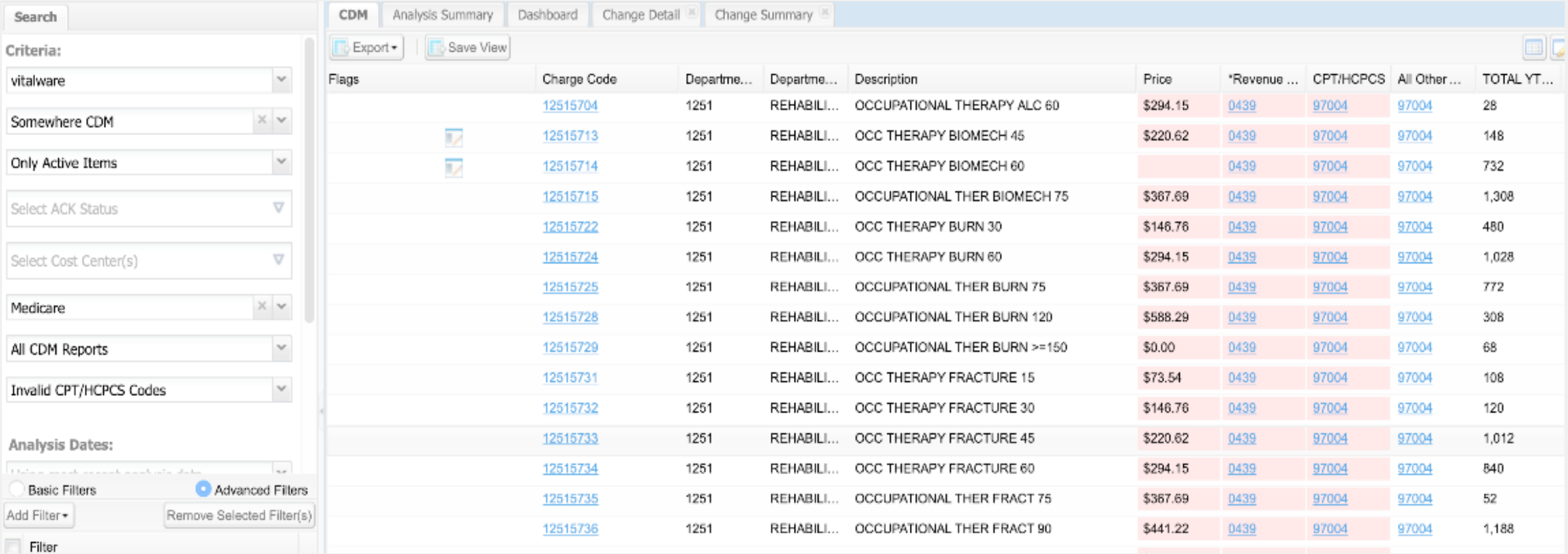


Flags	Charge Code	Departme...	Departme...	Description	Price	*Revenue ...	CPT/HCPCS	All Other ...	TOTAL YT...
	12515704	1251	REHABILI...	OCCUPATIONAL THERAPY ALC 60	$294.15	0439	97004	97004	28
	12515713	1251	REHABILI...	OCC THERAPY BIOMECH 45	$220.62	0439	97004	97004	148
	12515714	1251	REHABILI...	OCC THERAPY BIOMECH 60		0439	97004	97004	732
	12515715	1251	REHABILI...	OCCUPATIONAL THER BIOMECH 75	$367.69	0439	97004	97004	1,308
	12515722	1251	REHABILI...	OCC THERAPY BURN 30	$146.76	0439	97004	97004	480
	12515724	1251	REHABILI...	OCC THERAPY BURN 60	$294.15	0439	97004	97004	1,028
	12515725	1251	REHABILI...	OCCUPATIONAL THER BURN 75	$367.69	0439	97004	97004	772
	12515728	1251	REHABILI...	OCCUPATIONAL THER BURN 120	$588.29	0439	97004	97004	308
	12515729	1251	REHABILI...	OCCUPATIONAL THER BURN >=150	$0.00	0439	97004	97004	68
	12515731	1251	REHABILI...	OCC THERAPY FRACTURE 15	$73.54	0439	97004	97004	108
	12515732	1251	REHABILI...	OCC THERAPY FRACTURE 30	$146.76	0439	97004	97004	120
	12515733	1251	REHABILI...	OCC THERAPY FRACTURE 45	$220.62	0439	97004	97004	1,012
	12515734	1251	REHABILI...	OCC THERAPY FRACTURE 60	$294.15	0439	97004	97004	840
	12515735	1251	REHABILI...	OCCUPATIONAL THER FRACT 75	$367.69	0439	97004	97004	52
	12515736	1251	REHABILI...	OCCUPATIONAL THER FRACT 90	$441.22	0439	97004	97004	1,188
	12515737	1251	REHABILI...	OCCUPATIONAL THER FRACT 105	$514.44	0439	97004	97004	148
	12515738	1251	REHABILI...	OCCUPATIONAL THER FRACT 120	$588.29	0439	97004	97004	332
	12515739	1251	REHABILI...	OCCUPATIONAL THER FRACT >=150	$0.00	0439	97004	97004	12
	12515741	1251	REHABILI...	OCC THERAPY HAND 15	$73.54	0439	97004	97004	28

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware

Run the Overall CDM for Invalid CPT codes



Flags	Charge Code	Departme...	Departme...	Description	Price	*Revenue ...	CPT/HCPCS	All Other ...	TOTAL YT...
	12515704	1251	REHABILI...	OCCUPATIONAL THERAPY ALC 60	$294.15	0439	97004	97004	28
	12515713	1251	REHABILI...	OCC THERAPY BIOMECH 45	$220.62	0439	97004	97004	148
	12515714	1251	REHABILI...	OCC THERAPY BIOMECH 60		0439	97004	97004	732
	12515715	1251	REHABILI...	OCCUPATIONAL THER BIOMECH 75	$367.69	0439	97004	97004	1,308
	12515722	1251	REHABILI...	OCC THERAPY BURN 30	$146.76	0439	97004	97004	480
	12515724	1251	REHABILI...	OCC THERAPY BURN 60	$294.15	0439	97004	97004	1,028
	12515725	1251	REHABILI...	OCCUPATIONAL THER BURN 75	$367.69	0439	97004	97004	772
	12515728	1251	REHABILI...	OCCUPATIONAL THER BURN 120	$588.29	0439	97004	97004	308
	12515729	1251	REHABILI...	OCCUPATIONAL THER BURN >=150	$0.00	0439	97004	97004	68
	12515731	1251	REHABILI...	OCC THERAPY FRACTURE 15	$73.54	0439	97004	97004	108
	12515732	1251	REHABILI...	OCC THERAPY FRACTURE 30	$146.76	0439	97004	97004	120
	12515733	1251	REHABILI...	OCC THERAPY FRACTURE 45	$220.62	0439	97004	97004	1,012
	12515734	1251	REHABILI...	OCC THERAPY FRACTURE 60	$294.15	0439	97004	97004	840
	12515735	1251	REHABILI...	OCCUPATIONAL THER FRACT 75	$367.69	0439	97004	97004	52
	12515736	1251	REHABILI...	OCCUPATIONAL THER FRACT 90	$441.22	0439	97004	97004	1,188

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware

Reports for Deleted by Department

Revenue …	Revenue …	Billing Cat…	CPT Code…	Contact Ty…	Charge Ty…	Record St…
0300	LABORAT…		83891	Update	Charge	Deleted
0300	LABORAT…		83892	Update	Charge	Deleted
0300	LABORAT…		83896	Update	Charge	Deleted
0300	LABORAT…		83898	Update	Charge	Deleted
0300	LABORAT…		83904	Update	Charge	Deleted
0300	LABORAT…		83908	Update	Charge	Deleted
0300	LABORAT…		83909	Update	Charge	Deleted
0300	LABORAT…		83912	Update	Charge	Deleted
0301	CHEMISTRY		G0434	Update	Charge	Deleted
0301	CHEMISTRY		G0434	Update	Charge	Deleted
0301	CHEMISTRY		G0434	Update	Charge	Deleted
0301	CHEMISTRY		G0434	Update	Charge	Deleted
0301	CHEMISTRY		G0434	Update	Charge	Deleted

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

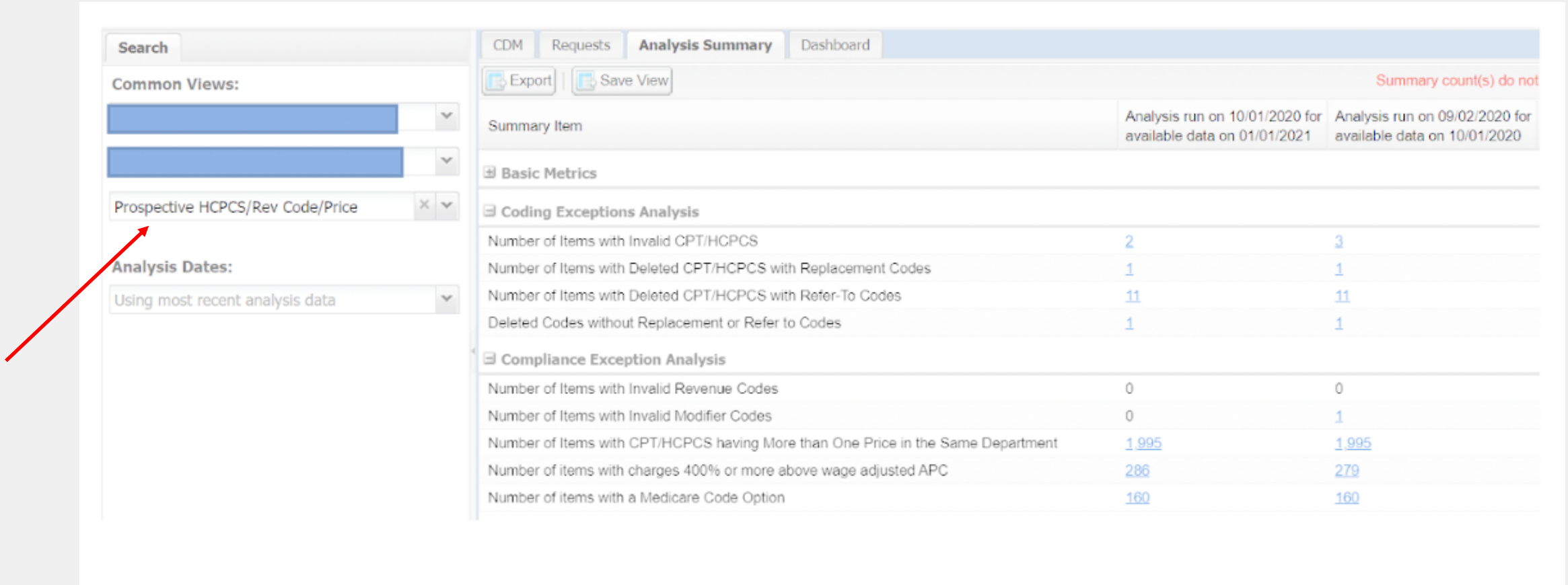
Step 3: Begin with 2021 Data Acquisition

- VitalCDM Prospective Analysis Reports
- 2021 CPT® Code Updates from VitalCDM main dashboard

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Year End Prospective Report



Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Start with Overview Data – CPT/HCPCS 2021 Changes

SUMMARY - 2021 CPT®/HCPCS CHANGES	ADDED *	DELETED *	REVISED **
Evaluation and Management	2	1	17
Anesthesia	0	0	0
Surgery	11	11	28
Radiology	2	2	5
PathLab	34	1	8
Medicine	18	9	4
Category II	0	0	0
Category III	20	22	0
Administrative Codes (MAAA)	0	0	0
PLA Codes	0	0	0
HCPCS Codes	N/A	N/A	N/A
Modifiers	0	0	0
TOTALS	**87**	**46**	**62**

This information is accurate as of 08/31/2020 but may be subject to change

* Does not include codes added, deleted, or revised in CY 2020 with changes published in the CY 2021 book for the first time

** Does not include codes with changes to short and/or medium descriptions only and does not include changes to spacing and/or non-essential punctuation

CPT® copyright 2020 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use.
Confidential – Internal Use only – Do Not Distribute

vitalware®

Codes that Are Deleted

CPT/HCPCS Code	2020 Long Description	Potential Replacement Code(s)
19324	Mammaplasty, augmentation; without prosthetic implant	15771, 15772
19366	Breast reconstruction with other technique	19357, 19361, 19364, 19367, 19368, 19369
32405	Biopsy, lung or mediastinum, percutaneous needle	32408
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	N/A
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	N/A
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	N/A
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	61850
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	N/A
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	N/A
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	N/A
69605	Revision mastoidectomy; with apicectomy	N/A
76970	Ultrasound study follow-up (specify)	N/A
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	78130
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	81546, 0018U, 0026U, 0204U, 0208U
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	92652, 92653
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	92650, 92651
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	33741
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	33741
94250	Expired gas collection, quantitative, single procedure (separate procedure)	N/A
94400	Breathing response to CO2 (CO2 response curve)	94680, 94681, 94690, 95012
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	N/A
94770	Carbon dioxide, expired gas determination by infrared analyzer	94680, 94681, 94690, 95012
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	95070
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99202
0058T	Cryopreservation; reproductive tissue, ovarian	88240, 89337

Example Only Not a Comprehensive Set

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Codes Being Added

CPT/HCPCS Code	2021 Long Description	2021 Short Description
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	RPR NSL VLV COLLAPSE W/IMPLT
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	CORE NDL BX LNG/MED PERQ
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	TAS CONGENITAL CAR ANOMAL
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	TIS CGEN CAR ANOMAL 1ST SHNT
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	TIS CGEN CAR ANOMAL EA ADDL
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	INSJ PERQ VAD R HRT VENOUS
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	RMVL PERQ RIGHT HEART VAD
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	ABLTJ MAL PRST8 TISS HIFU
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	CAM CERVIX UTERI DRG COLP
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	NPS SURG DILAT EUST TUBE UNI
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	NPS SURG DILAT EUST TUBE BI
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT THORAX LUNG CANCER SCR C-
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	MED PHYSIC DOS EVAL RAD EXPS
80143	Acetaminophen	DRUG ASSAY ACETAMINOPHEN
80151	Amiodarone	DRUG ASSAY AMIODARONE
80161	Carbamazepine; -10,11-epoxide	ASY CARBAMAZEPIN 10,11-EPXID
80167	Felbamate	DRUG ASSAY FELBAMATE
80179	Salicylate	DRUG ASSAY SALICYLATE
80181	Flecainide	DRUG ASSAY FLECAINIDE
80189	Itraconazole	DRUG ASSAY ITRACONZAOLE

Example Only Not a Comprehensive Set

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Codes Being Changed

CPT/HCPCS Code	2021 Long Description	2020 Long Description
11970	Replacement of tissue expander with permanent implant	Replacement of tissue expander with permanent ~~prosthesis~~
11971	Removal of tissue expander(s) without insertion of implant	Removal of tissue expander(s) without insertion of ~~prosthesis~~
19318	Breast reduction	Reduction ~~mammaplasty~~
19325	Breast augmentation with implant	~~Mammaplasty,~~ augmentation; with ~~prosthetic~~ implant
19328	Removal of intact breast implant	Removal of intact ~~mammary~~ implant
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Removal of ~~mammary~~ implant ~~material~~
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	~~Immediate~~ insertion of breast ~~prosthesis following mastopexy, mastectomy or in reconstruction~~
19342	Insertion or replacement of breast implant on separate day from mastectomy	~~Delayed~~ insertion of breast ~~prosthesis following mastopexy, mastectomy or in reconstruction~~
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	~~Breast reconstruction, immediate or delayed, with tissue expander~~, including subsequent expansion
19361	Breast reconstruction; with latissimus dorsi flap	Breast reconstruction with latissimus dorsi flap, ~~without prosthetic implant~~
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Breast reconstruction with free flap
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~single pedicle, including closure of donor site~~
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~single pedicle, including closure of donor site; with~~ microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~double pedicle, including closure of donor site~~
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	~~Open periprosthetic~~ capsulotomy, ~~breast~~
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Peri~~prosthetic~~ capsulectomy, breast
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Revision of reconstructed breast
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Arthroscopy, shoulder, surgical; debridement, extensive

Example Only Not a Comprehensive Set

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 4: Organize Department Data

Organize the data in a way that is useful to the department(s)

- Take the overall data and break it down into cost centers – show them what is relevant to their area
- Determine what charges might be deleted, changed or added based on the CPT code section / HCPCS code section
    - For example CPT 70,xxx is Radiology so all adds, deleted and revisions in the 70,xxx will require Radiology input
- Job aid should specifically outline what analysis steps and action items you want them to perform with the data –Example review the Excel report from Vitalware – identify the adds in the 70,xxx series

69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	NPS SURG DILAT EUST TUBE BI
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT THORAX LUNG CANCER SCR C-
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	MED PHYSIC DOS EVAL RAD EXPS
80143	Acetaminophen	DRUG ASSAY ACETAMINOPHEN

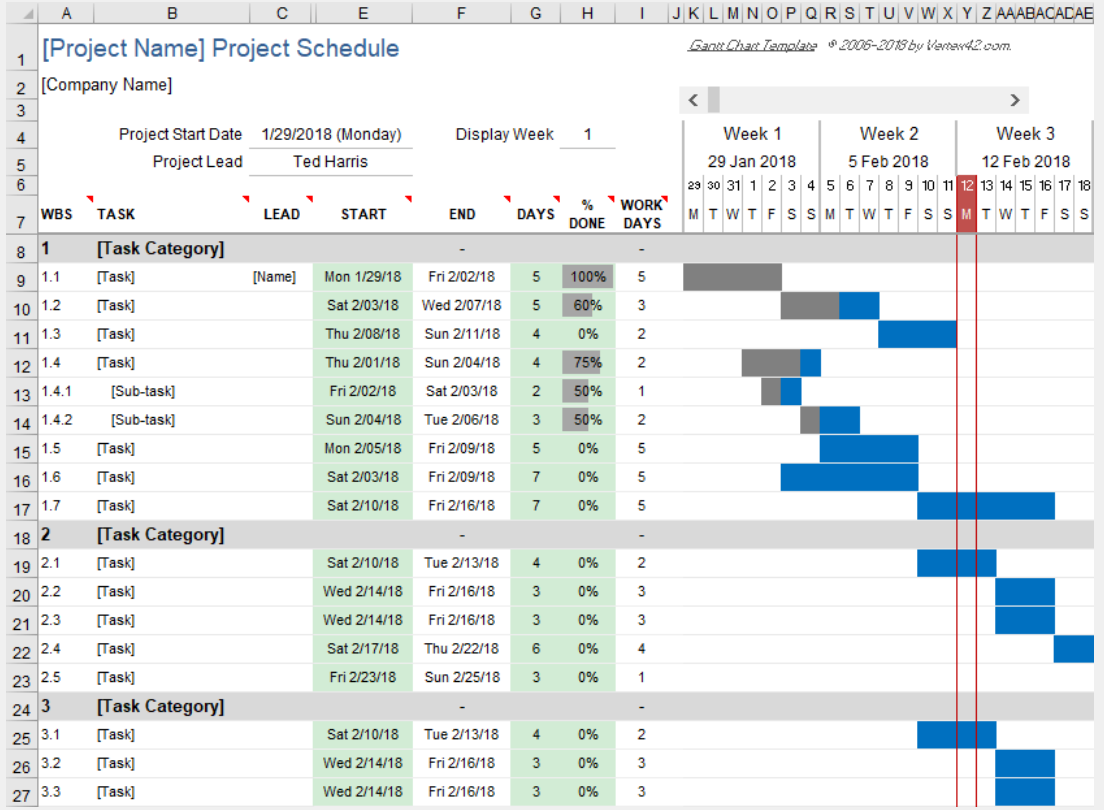
Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 4: Work With PMO or Administration – Project Plan

Project Plan Objective(s)

- First and foremost to ensure nothing is missed in the process
- Demonstrate how all the interconnected departmental pieces will align
- Demonstrate milestones for each department with due dates
- Allow visibility into the department progress
- Define escalation points – “at risk” elements



[Project Name] Project Schedule

Gantt Chart Template © 2006-2018 by Vertex42.com.

[Company Name]

Project Start Date: 1/29/2018 (Monday) | Display Week: 1 | Project Lead: Ted Harris

WBS	TASK	LEAD	START	END	DAYS	% DONE	WORK DAYS
1	[Task Category]			-			-
1.1	[Task]	[Name]	Mon 1/29/18	Fri 2/02/18	5	100%	5
1.2	[Task]		Sat 2/03/18	Wed 2/07/18	5	60%	3
1.3	[Task]		Thu 2/08/18	Sun 2/11/18	4	0%	2
1.4	[Task]		Thu 2/01/18	Sun 2/04/18	4	75%	2
1.4.1	[Sub-task]		Fri 2/02/18	Sat 2/03/18	2	50%	1
1.4.2	[Sub-task]		Sun 2/04/18	Tue 2/06/18	3	50%	2
1.5	[Task]		Mon 2/05/18	Fri 2/09/18	5	0%	5
1.6	[Task]		Sat 2/03/18	Fri 2/09/18	7	0%	5
1.7	[Task]		Sat 2/10/18	Fri 2/16/18	7	0%	5
2	[Task Category]			-			-
2.1	[Task]		Sat 2/10/18	Tue 2/13/18	4	0%	2
2.2	[Task]		Wed 2/14/18	Fri 2/16/18	3	0%	3
2.3	[Task]		Wed 2/14/18	Fri 2/16/18	3	0%	3
2.4	[Task]		Sat 2/17/18	Thu 2/22/18	6	0%	4
2.5	[Task]		Fri 2/23/18	Sun 2/25/18	3	0%	1
3	[Task Category]			-			-
3.1	[Task]		Sat 2/10/18	Tue 2/13/18	4	0%	2
3.2	[Task]		Wed 2/14/18	Fri 2/16/18	3	0%	3
3.3	[Task]		Wed 2/14/18	Fri 2/16/18	3	0%	3

Week 1 29 Jan 2018 | Week 2 5 Feb 2018 | Week 3 12 Feb 2018

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 5: The Kickoff

- Include all the who, what, when, where action steps
- Provide educational material
- Provide Job Aid
- Provide project timelines
- Arrange departmental meeting dates to review data
- Provide the data
  - Potentially create folders on an intranet and put everything required into a department or service line folder
- Provide contact email with questions
- Leave time for a Q & A – remember this process may be foreign to many clinicians
- Appoint a person as “CDM Associate” to be the point person for each service line / department / cost center

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 6: Department Interviews

This is the most important part of the process

Allows CDM staff the opportunity to do a complete quick review with the department AND organize the codes for the upcoming year

- Ensure you are able to work immediately in the CDM as you assist them in the process
- Review zero usage items
  - Did they expect these to have no usage – i.e. no longer own equipment or MD left
  - Did they expect to have usage – this identifies a potential concern of incorrect charge application
- Review their CDM Analytics
  - Are there items on the analysis summary that should be under consideration for remediation such as incorrect HCPCS code or revenue code

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 6 – Department Interviews

- Begin with a consistent process:
  - Define the goal of the interview, action steps and milestones – “set the expectations”
  - Deleted Codes – is there a replacement?
  - Added Codes – does the department anticipate providing a service that matches that CPT code description?
  - Revised Codes - review with the department as the “ordering module” may need description of test changed to ensure appropriate selection
  - No Usage Charges – discuss unused charges during interviews
  - Revenue Code review – should be included above
  - Do Not focus on pricing analysis reports of existing charges at this time – this is to provide the maintenance – pricing is a separate workflow

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Step 7: Update the Corresponding Systems

- Once changes to the CDM are identified and placed into workflow or a worksheet, adjunctive systems must be updated
- Begin with Physician Ordering – is the physician capable of ordering the items
  - Ensure that the changes are communicated to ordering providers
  - Provide instruction to clinical areas to assist with changes
  - Inform Medical Executive Committee of the changes so they can work with providers
- Update Clinical Systems (e.g. LIS)
  - Ensure that the update is linked to the physician order type
  - Ensure that any internal mapping between systems is created
  - Update testing descriptions and educate staff on the changes

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

Update the Corresponding System Map to the CDM

MD Order	▪ Physician Order – must be added to the dictionary to be able to be ordered
Performing System (LIS)	▪ LIS has to be mapped from the MD order to the LIS to be able to perform the correct test (if automated)
CDM	▪ Map between the LIS system to the CDM is a key risk area
Claim Edits / NCCI requirement	▪ CDM charge must be tested to ensure that process triggers appropriate edits
Claim	▪ Ultimately test charges must go all the way to the claim to ensure they system works as designed

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Departmental Deep Dive

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory

80,xxx

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory

Laboratory is one of the CDM “risk” areas

- Very time consuming
- High volume area – multiple line items for the same CPT code based on actual test
- Has a lot of complexity within the codes
- Involves both in-house and send out testing
  - Note send out testing will need to also include documentation from the performing laboratory as to the methodology and CPT codes and timing of the test
- Equipment
  - Equipment is key to the CDM
  - Much of the equipment also provides the report and coding via a “mapping” event
  - Mapping can be a source of concern in charge capture

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

Laboratory

Review by sections:

- Chemistry
- Molecular Pathology
- Immunology
- Hematology
- Blood Banking
- Microbiology
- Cytopathology
- Surgical Pathology

Generally these could involve different clinical stakeholders

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory

- Allow plenty of time in meeting to cover all changes
- Ensure all CDM reports are created prior to meeting
- Identify the added codes to determine if new charges are needed
- Review description changes to determine is changes are necessary
  - 34 Adds, 1 deleted and 8 revisions in 2021 CPT

SUMMARY - 2021 CPT®/HCPCS CHANGES	ADDED *	DELETED *	REVISED **
Evaluation and Management	2	1	17
Anesthesia	0	0	0
Surgery	11	11	28
Radiology	2	2	5
PathLab	34	1	8
Medicine	18	9	4
Category II	0	0	0
Category III	20	22	0
Administrative Codes (MAAA)	0	0	0
PLA Codes	0	0	0
HCPCS Codes	N/A	N/A	N/A
Modifiers	0	0	0
TOTALS	**87**	**46**	**62**

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory - Additions

CPT/HCPCS Code	2021 Long Description	2021 Short Description
80143	Acetaminophen	DRUG ASSAY ACETAMINOPHEN
80151	Amiodarone	DRUG ASSAY AMIODARONE
80161	Carbamazepine; -10,11-epoxide	ASY CARBAMAZEPIN 10,11-EPXID
80167	Felbamate	DRUG ASSAY FELBAMATE
80179	Salicylate	DRUG ASSAY SALICYLATE
80181	Flecainide	DRUG ASSAY FLECAINIDE
80189	Itraconazole	DRUG ASSAY ITRACONZAOLE
80193	Leflunomide	DRUG ASSAY LEFLUNOMIDE
80204	Methotrexate	DRUG ASSAY METHOTREXATE
80210	Rufinamide	DRUG ASSAY RUFINAMIDE
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	CCND1/IGH TRANSLOCATION ALYS
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	NTRK1 TRANSLOCATION ANALYSIS
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	NTRK2 TRANSLOCATION ANALYSIS
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	NTRK3 TRANSLOCATION ANALYSIS
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	NTRK TRANSLOCATION ANALYSIS
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	IGH@/BCL2 TRANSLOCATION ALYS
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	JAK2 GENE TRGT SEQUENCE ALYS
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	MPL GENE COMMON VARIANTS
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	MPL GENE SEQ ALYS EXON 10
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	SF3B1 GENE COMMON VARIANTS
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	SRSF2 GENE COMMON VARIANTS
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	TP53 GENE FULL GENE SEQUENCE
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	TP53 GENE TRGT SEQUENCE ALYS
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	TP53 GENE KNOWN FAMIL VRNT

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory - Additions

CPT/HCPCS Code	2021 Long Description	2021 Short Description
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	U2AF1 GENE COMMON VARIANTS
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	ZRSR2 GENE COMMON VARIANTS
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	EPILEPSY GEN SEQ ALYS PANEL
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	NFCT DS BV RNA VAG FLU ALG
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	NFCT DS BV&VAGINITIS DNA ALG
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	ONC CUTAN MLNMA MRNA 31 GENE
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	ONC THYR MRNA 10,196 GEN ALG
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	PULM DS IPF MRNA 190 GEN ALG
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	ASSAY SPEC XCP UR&BREATH IA
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	ASSAY DIR MEAS FR ESTRADIOL

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory - Deletions

VitalCDM Analysis will identify deleted codes:

- Identification of potential replacement codes or direct replacement

CPT/HCPCS Code	2020 Long Description	Potential Replacement Code(s)	Notes
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	81546, 0018U, 0026U, 0204U, 0208U	There is no direct replacement for this code.

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Laboratory - Revisions

Generally reflect description changes

Many of the laboratory revisions are too long and complex to place in this presentation but changes are presented in "red" to allow for easy identification

- With CPT 80415 the only change to the code was the addition of the word "total" to Estradiol

CPT/HCPCS Code	2021 Long Description	2020 Long Description
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol total (82670 x 2 on 3 pooled blood samples)	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Radiology

70,xxx

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Follow Same Process

Identify data sources, personnel resources, create the action plan

- Follow same process for additions, deletions, revisions and zero volume items

Addition: one for CT and one for Rad Oncology

CPT/HCPCS Code	2021 Long Description	2021 Short Description
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT THORAX LUNG CANCER SCR C-
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	MED PHYSIC DOS EVAL RAD EXPS

Deletion: One Ultrasound and one Nuclear Med

CPT/HCPCS Code	2020 Long Description	Potential Replacement Code(s)
76970	Ultrasound study follow-up (specify)	N/A
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	78130

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Radiology Revised Codes

Total of 5 revised codes

Note that the revisions are demonstrated in Red

All are description changes

In the case of the CT the word “Diagnostic” is added to provide clarity as to the reason for the test (differentiated from screening procedures)

CPT/HCPCS Code	2021 Long Description	2020 Long Description
71250	Computed tomography, thorax, diagnostic; without contrast material	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
74425	Urography, antegrade, radiological supervision and interpretation	Urography, antegrade ~~(pyelostogram, nephrostogram, loopogram)~~, radiological supervision and interpretation
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Pricing

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Pricing/ Revenue Impact

- Pricing of the changes is essential and should be done in tandem with the Finance department per hospital policy
- For additions there is no data generally to set a price but if there is a replacement code there may be pricing information available
- Deletions are relevant in that a years worth of revenue and usage and total charges will be useful in determining the impact of no longer providing these codes
- Changes, description only, may not have a financial impact
- It is important to review ALL pricing at the annual maintenance review
- Run Peer Pricing Analysis to compare to peer hospitals
- Sign off by CFO will be required as part of the workflow for any pricing changes

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

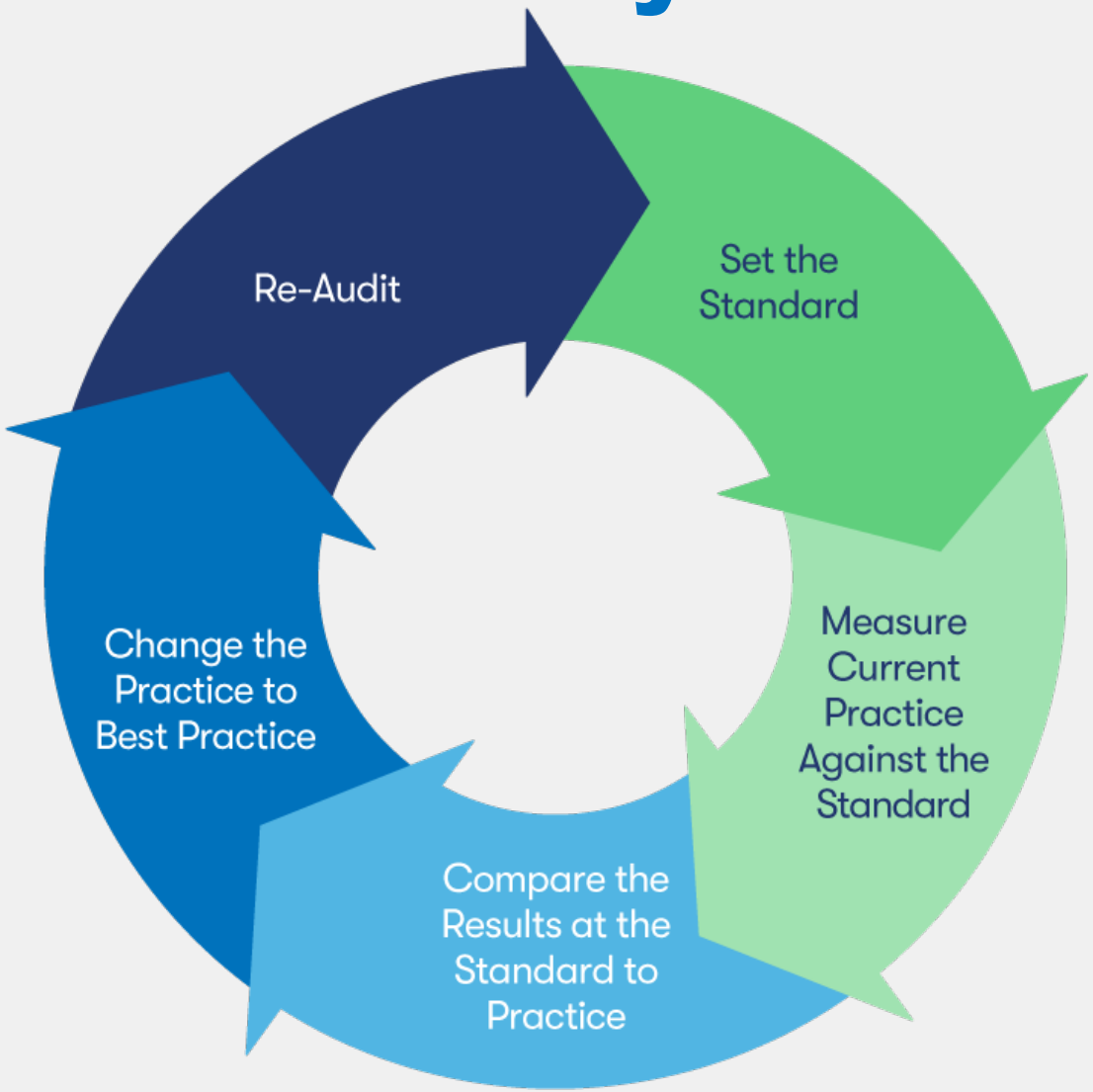
vitalware®

Audit the Implementation

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Audit Cycle



Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Audit Cycle

- **Standard – CPT /HCPCS Code Changes**
- **Measure Against the Standard**
  - Create VitalCDM analysis reports
- **Compare Results Against the Standard**
  - Any VitalCDM reports still showing errors for investigation
  - Any items still not approved in the workflow
- **Change the Practice**
  - Continue remediation until there are zero failures
- **Re-Audit**
  - Continue to run reports monthly to ensure maintenance is current and charge capture is not failing due to CDM disruptions

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

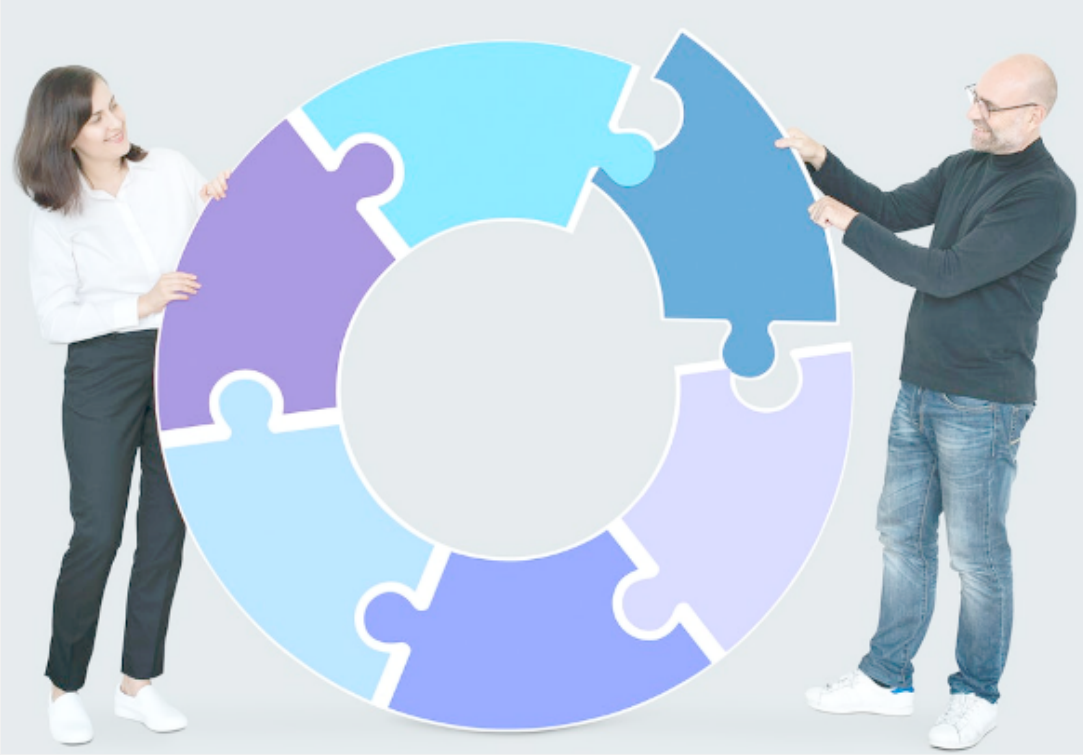
Summary

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Summary

- Year end maintenance requires rigorous activity
- A workplan should be made in some detail to ensure nothing is missed
- An internal landing site is a great way to provide all materials to stakeholders
- Job Aids are key to ensuring understanding of clinical deliverables
- Run reports frequently!
  - VitalCDM provides a number of reports to ensure that the CDM is compliant
- CHECK the mapping – CDM might be compliant but failed mapping can create charge errors.



Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

Questions?

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.

vitalware®

vitalware®

CLIENT APPRECIATION WEEK

Confidential • Do not distribute • ©Copyright Vitalware, LLC. All rights reserved.