Format and File Specification

For

Global Payment Program

Encounter Reporting

Outpatient and Non-traditional Services*

Version 1.2

Revised: 06/07/2018

**outpatient behavioral health services are included in a separate GPP encounter reporting manual*

Introduction

The Global Payment Program (GPP) establishes a statewide pool of funding for the remaining uninsured by combining federal DSH and uncompensated care funding, where select Designated Public Hospital systems can achieve their "global budget" by meeting a service threshold that incentivizes movement from high cost, avoidable services to providing higher value, and preventative services.

As part of the GPP, participating hospitals must report their service threshold on an encounter level by the second program year, as stipulated in the 1115 waiver Standard Terms and Conditions (STCs). This manual serves as the guide for that encounter-level reporting.

Document Control Log

Updated changes are reflected in orange text throughout the document.

Version	Date	Details
1.0	March 2017	• Original version released
1.1	January 2018	• Updated file specifications (Unique Patient ID number) • Incorporated Appendix B (Non-Traditional Service Description, from Attachment FF, Table 5)
1.2	June 2018	• Updated file specifications (GPP service category tier & type, Diagnosis code, Procedure code)

Standard Record Format

OP format

The standard record format summarizes the necessary data fields and format to standardize reporting for all participants. The encounter report will be submitted as an Excel file document.

Column	Data Element*	Type	Size
1	**GPP Service Category, Tier, and Type**	A/N	4
2	**Facility ID number**	N	10
3	**National Provider Identifier**	N	10
4	**Unique patient ID**	A/N	12
5	**Service date**	N	8
6	**# of GPP encounters**	N	3
7	**Principal diagnosis**	A/N	7
8-31	**Other diagnosis (up to 24)**	A/N	7
32	**Principal procedure**	A/N	5
33-56	**Other procedure (up to 24)**	A/N	5
57	**Date of birth**	A/N	5
58	**Gender**	A	1
59	**Zip code**	A/N	5
60	**Race**	N	1
61	**Ethnicity**	N	1

**If the data element is not available, then hospitals should leave that cell blank.*

Type & Size indicate data type and field length. Data type is defined as:
A = Alpha
N = Numeric
A/N = Alphanumeric

Data fields

The following section lists the data fields that are part of GPP encounter reporting, which includes the length of the data, whether it is alpha (A), numeric (N), or alpha numeric (A/N), the purpose or any special instructions, and specific codes or values that are allowed.

1. GPP Service Category, Tier, and Type

Data length:	4
Data type:	A/N
Purpose/Special instructions:	The purpose of this four-digit data element is to identify the GPP service provided, as identified through the service category, tier, and type as specified in Waiver Standard Terms and Conditions, Attachment FF, Table 1. The first digit represents the service category (1-4), which broadly describes the GPP services. The second digit represents the service tier, which separates the services by level of intensity or delivery methodology. The last two digits represent the service type. Each service type is associated with a different point value. Only one service type is available per encounter line. If you have a visit that crosses service types, such as a visit with a dental visit and then a separate primary care visit, then that would require two separate encounter lines for each service. If a patient has more than one encounter with the same service type (e.g., two dental encounters) on a given day, only one of those encounters may be reported unless the services not related (e.g. patient comes into the ER for a broken arm and later comes in for a car accident injury). Two service types have separate values for contracted services: contracted ER and contracted prim/spec. For all other service types that have contracted services, those services are reported in the same service type, regardless of whether the service was provided by the PHCS or contracted with other providers.
Codes/Allowed values:	

4-digit Encounter coding	**Service Category**	**Service Tier**	**Service Type**	**Type Description**
1A01	1	A	01	RN-only visit
1A02	1	A	02	PharmD visit
1A03	1	A	03	Complex care manager
1B04	1	B	04	Dental
1B05	1	B	05	OP Primary/Specialty
1B06	1	B	06	Contracted Prim/Spec
1C10	1	C	10	OP ER
1C11	1	C	11	Contracted ER (All other, non-Maddy)

	1D13	1	D	13	OP Surgery
	2A14	2	A	14	Wellness
	2A15	2	A	15	Patient support group
	2A16	2	A	16	Community health worker
	2A17	2	A	17	Health coach
	2A18	2	A	18	Panel management
	2A19	2	A	19	Health education
	2A20	2	A	20	Nutrition education
	2A21	2	A	21	Case management
	2A22	2	A	22	Oral hygiene
	2B23	2	B	23	Group medical visit
	2B24	2	B	24	Integrative therapy
	2B25	2	B	25	Palliative care
	2B26	2	B	26	Pain management
	2C27	2	C	27	Home nursing visit
	2C28	2	C	28	Paramedic treat and release
	2C29	2	C	29	Mobile clinic visit
	2C30	2	C	30	Physician home visit
	3A31	3	A	31	Texting
	3A32	3	A	32	Video-observed therapy
	3A33	3	A	33	Nurse advice line
	3A34	3	A	34	RN e-Visit
	3B35	3	B	35	Email consultation with Provider
	3C36	3	C	36	Telehealth (patient - provider) - Store & Forward
	3C37	3	C	37	Telehealth (provider - provider) – eConsult / eReferral
	3C38	3	C	38	Telehealth – Other Store & Forward
	3D39	3	D	39	Telephone consultation with Provider
	3D40	3	D	40	Telehealth (patient - provider) - real time
	3D41	3	D	41	Telehealth (provider - provider) - real time

2. Facility ID Number

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code is to provide a unique number associated with the provider of service. Some providers may use a National Provider Identifier (as listed in data element 3) to identify location. If the service is provided in the hospital, then the facility ID number will be the hospital's 9-digit OSHPD ID.
Codes/Allowed values:	9-digit OSHPD ID (preferred), state provider code, tax ID, or other if OSHPD ID is not applicable.

3. National Provider Identifier (NPI)

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code may vary depending on individual system. It can be used to provide a unique number associated with the provider of the GPP service or location of service. PHCS should note in their internal records how they are using this field.
Codes/Allowed values:	National Provider Identifier. The NPI is a unique identification number for covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

4. Unique Patient Identifier

Data length:	24
Data type:	A/N
Purpose/Special instructions:	The purpose of this code is to identify unique patients served by each PHCS. For services provided by the hospitals, each patient should have a unique identifier. For services provided outside of the designated public hospital (county clinics, community clinics, behavioral health clinics), those patients may have a different unique identifier.
Codes/Allowed values:	PHCS-specific identifier to identify patients.

5. GPP Service Date

Data length:	8
Data type:	N
Purpose/Special instructions:	Single digit months and days must include a preceding zero.
Codes/Allowed values:	9999 99 99 Year Month Day

6. # of GPP Encounters

Data length:	3
Data type:	N
Purpose/Special instructions:	The purpose of this field is to identify the number of GPP encounters provided that will earn GPP points.
Codes/Allowed values:	Number of GPP encounters that would earn GPP points.

7-31. Principle Diagnosis and Other Diagnoses (up to 24)

Data length:	7
Data type:	A/N
Purpose/Special instructions:	Providers can include a primary diagnosis and up to twenty-four other diagnoses related to the GPP service provided.
Codes/Allowed values:	ICD-10 CM (International Classification of Diseases, Tenth Revision, Clinical Modification); Do not include the decimal point in the data file

32-56. Principle Procedure and Other Procedures (up to 24)

Data length:	5
Data type:	A/N
Purpose/Special instructions:	The purpose of this field is to identify the procedures provided during this encounter. For non-traditional services, please refer to Appendix A for appropriate codes used to identify those non-traditional services.
Codes/Allowed values:	CPT-4 code set (Current Procedural Terminology, 4th Edition) or HCPCS (Healthcare Common Procedure Coding System) 2016 (Alpha-Numeric) code set.

57. Date of Birth

Data length:	8
Data type:	N
Purpose/Special instructions:	Single digit months and days must include a preceding zero.
Codes/Allowed values:	9999 99 99 Year Month Day

58. Gender

Data length:	1
Data type:	A
Purpose/Special instructions:	
Codes/Allowed values:	F = Female M = Male J=Transgender, Male to Female K=Transgender, Female to Male O=Other Gender Identity U = Unknown

59. Zip Code

Data length:	5
Data type:	A/N
Purpose/Special instructions:	
Codes/Allowed values:	5 digit zip code XXXXX = unknown YYYYY = foreign ZZZZZ = homeless

60. Race

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown

61. Ethnicity

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 3 = Unknown

Appendix A

Non-traditional Services Coding

Listed Procedure Code(s)

The codes listed in Table 1 below helps PHCS identify some of the CPT/HCPCS codes associated with specific non-traditional services for encounter reporting. If the PHCS does not internally use any of those listed codes, and the reported service maps to the listed code(s), they may employ the Local Mapping process as described below.

No procedure codes listed

If a non-traditional service does not have any procedure codes listed, the PHCS should make all efforts to only report those services that closely align with the service description provided in the Standard Terms and Conditions, Attachment FF, Table 5.

Local Mapping

For any reported service, PHCS may opt to use "local"/proprietary codes or values instead of the standard codes specified in GPP Encounter Data Manual to track those services within their system. PHCS that do not use the coding specified in the GPP Encounter Data Manual can "map" the codes they use to the codes specified in the manual.

Local workflows or local tracking may not substitute for codes, but the service codes may be mapped on the backend. The PHCS will need auditable procedures to specify any local mapping done for GPP. To support this auditable process, it is recommended (although not required to be reported for GPP) that PHCS have, at a minimum, documentation that includes a crosswalk containing the relevant codes, descriptions and clinical information. It is also recommended that PHCS document the policies and procedures they use to implement codes or values other than the specified coding systems.

Table 1

Codes with specified time durations listed in the Service Code Descriptions can be used to report the total duration of service provided on a particular day, however for GPP point calculations, the service will only be counted once per day.

Code	*Category*	*Tier*	*Service Type*	*Initial Point Value*	*Service Type Description*	*Service Code*	*Service Code Description*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*99211*	*Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically 5 minutes are spent performing or supervising these services. A service meeting this definition may be provided by an RN, LVN, or LPN. The service does not require the order of a licensed independent practitioner (e.g., MD, DO, NP, PA, CNM).*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*S9401*	*Anticoagulation clinic, inclusive of all services except laboratory tests, per session; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*96360*	*Intravenous infusion, dehydration; initial 31 minutes to 1 hour; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*96361*	*Intravenous infusion, dehydration; each additional hour; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*96365*	*Intravenous infusion, for therapy prophylaxis or diagnosis; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*96366*	*Intravenous infusion, each additional hour; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*
1A01	*1*	*A*	*01*	*50*	*RN-only Visit*	*96413*	*Chemotherapy / complex biologic agent administration, 1 hour; other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)*

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
1A01	1	A	01	50	RN-only Visit	96415	Chemotherapy / complex biologic agent administration, each additional hour other than that provided by a licensed independent practitioner (e.g. MD, DO, NP, PA)
1A02	1	A	02	75	PharmD Visit	99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)
1A02	1	A	02	75	PharmD Visit	99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)
1A02	1	A	02	75	PharmD Visit	99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
1A02	1	A	02	75	PharmD Visit	99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
1A02	1	A	02	75	PharmD Visit	99607	each additional 15 minutes (List separately in addition to code for primary service [99605, 99606])
1A02	1	A	02	75	PharmD Visit	S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session
1A03	1	A	03	75	Complex Care Management	98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient
1A03	1	A	03	75	Complex Care Management	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
1A03	1	A	03	75	Complex Care Management	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by physician
1A03	1	A	03	75	Complex Care Management	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional
1A03	1	A	03	75	Complex Care Management	99487	Complex chronic care management services, with the following required elements; -multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, -chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, -establishment or substantial revision of a comprehensive care plan, -moderate or high complexity medical decision making, -60 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month
1A03	1	A	03	75	Complex Care Management	99489	each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure [99487])
1A03	1	A	03	75	Complex Care Management	99490	Chronic care management services, at least 20 minutes or clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: - multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; - comprehensive care plan established, implemented, revised, or monitored

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
1A03	1	A	03	75	Complex Care Management	99495	Transitional Care Management Services with the following required elements: -Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge -Medical decision making of at least moderate complexity during the service period -Face-to-face visit, within 14 calendar days of discharge
1A03	1	A	03	75	Complex Care Management	99496	Transitional Care Management Services with the following required elements: -Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge -Medical decision making of high complexity during the service period -Face-to-face visit, within 7 calendar days of discharge
1A03	1	A	03	75	Complex Care Management	G9006	Coordinated care fee, home monitoring
1A03	1	A	03	75	Complex Care Management	G9007	Coordinated care fee, scheduled team conference
1A03	1	A	03	75	Complex Care Management	G9008	Coordinated care fee, physician coordinated care oversight services
1A03	1	A	03	75	Complex Care Management	H2000	Comprehensive multidisciplinary evaluation
1A03	1	A	03	75	Complex Care Management	S0220	Medical conference by a physician with interdisciplinary team of health professional or representatives of community agencies to coordinate activities of patient care (patient is present): approximately 30 minutes
1A03	1	A	03	75	Complex Care Management	S0221	Medical conference by a physician with interdisciplinary team of health professional or representatives of community agencies to coordinate activities of patient care (patient is present): approximately 60 minutes
1A03	1	A	03	75	Complex Care Management	S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
1A03	1	A	03	75	Complex Care Management	S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
1A03	1	A	03	75	Complex Care Management	S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
1A03	1	A	03	75	Complex Care Management	S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
1A03	1	A	03	75	Complex Care Management	S0280	Medical home program, comprehensive care coordination and planning, initial plan
1A03	1	A	03	75	Complex Care Management	S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan
1A03	1	A	03	75	Complex Care Management	S0315	Disease management program; initial assessment and initiation of the program
1A03	1	A	03	75	Complex Care Management	S0316	Disease management program, follow-up/reassessment
1A03	1	A	03	75	Complex Care Management	S0317	Disease management program, per diem
1A03	1	A	03	75	Complex Care Management	S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month
1A03	1	A	03	75	Complex Care Management	S9140	Diabetic management program, follow-up visit to non-MD provider
1A03	1	A	03	75	Complex Care Management	S9141	Diabetic management program, follow-up visit to MD provider
1A03	1	A	03	75	Complex Care Management	S9455	Diabetic management program, group session
1A03	1	A	03	75	Complex Care Management	S9460	Diabetic management program, nurse visit
1A03	1	A	03	75	Complex Care Management	S9472	Cardiac rehabilitation program, non-physician provider, per diem
2A14	2	A	14	15	Wellness	S5190	Wellness assessment, performed by non-physician
2A16	2	A	16	15	Community Health Worker (CHW)	H2015	Comprehensive community support services, per 15 minutes

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2A16	2	A	16	15	Community Health Worker (CHW)	H2016	Comprehensive community support services, per diem
2A19	2	A	19	25	Health Education	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
2A19	2	A	19	25	Health Education	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
2A19	2	A	19	25	Health Education	G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
2A19	2	A	19	25	Health Education	G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
2A19	2	A	19	25	Health Education	S9449	Weight management classes, non-physician provider, per session
2A19	2	A	19	25	Health Education	S9454	Stress management classes, non-physician provider, per session
2A20	2	A	20	25	Nutrition Education	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
2A20	2	A	20	25	Nutrition Education	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
2A20	2	A	20	25	Nutrition Education	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
2A20	2	A	20	25	Nutrition Education	G9001	Coordinated care fee, initial rate
2A20	2	A	20	25	Nutrition Education	G9005	Coordinated care fee risk adjusted maintenance
2A20	2	A	20	25	Nutrition Education	S9465	Diabetic management program, dietitian visit
2A20	2	A	20	25	Nutrition Education	S9470	Nutrition counseling, dietitian visit
2A20	2	A	20	25	Nutrition Education	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
2A20	2	A	20	25	Nutrition Education	T1001	Nursing assessment/evaluation
2A21	2	A	21	25	Case Management	T1016	Case management, each 15 minutes
2A21	2	A	21	25	Case Management	T2022	Case management, per month

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2B23	2	B	23	50	Group Medical Visits	99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
2B24	2	B	24	50	Integrative medical therapies	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
2B24	2	B	24	50	Integrative medical therapies	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
2B24	2	B	24	50	Integrative medical therapies	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
2B24	2	B	24	50	Integrative medical therapies	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
2B25	2	B	25	50	Palliative Care Services	S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
2C27	2	C	27	75	Home Nursing Visit	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
2C27	2	C	27	75	Home Nursing Visit	99501	Home visit for postnatal assessment and follow-up care
2C27	2	C	27	75	Home Nursing Visit	99502	Home visit for newborn care and assessment
2C27	2	C	27	75	Home Nursing Visit	99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
2C27	2	C	27	75	Home Nursing Visit	99504	Home visit for mechanical ventilation care
2C27	2	C	27	75	Home Nursing Visit	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2C27	2	C	27	75	Home Nursing Visit	G0154	Direct skilled services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes. ***No longer valid effective 1/1/2016.
2C27	2	C	27	75	Home Nursing Visit	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	G0162	Skilled services of a licensed nurse (RN) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting.
2C27	2	C	27	75	Home Nursing Visit	G0163	Skilled services of a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting).
2C27	2	C	27	75	Home Nursing Visit	G0164	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes.
2C27	2	C	27	75	Home Nursing Visit	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
2C27	2	C	27	75	Home Nursing Visit	Q5001	Hospice or home health care provided in patient's home/residence (Hospice or home health in home)
2C27	2	C	27	75	Home Nursing Visit	S9097	Home visit for wound care

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2C27	2	C	27	75	Home Nursing Visit	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
2C27	2	C	27	75	Home Nursing Visit	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
2C27	2	C	27	75	Home Nursing Visit	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used with CPT codes 99500-99602 can be used)
2C27	2	C	27	75	Home Nursing Visit	S9124	Nursing care, in the home, by a licensed practical nurse, per hour
2C27	2	C	27	75	Home Nursing Visit	S9126	Hospice care, in the home, per diem
2C27	2	C	27	75	Home Nursing Visit	S9127	Social work visit, in the home, per diem
2C27	2	C	27	75	Home Nursing Visit	S9128	Speech therapy, in the home, per diem
2C27	2	C	27	75	Home Nursing Visit	S9129	Occupational therapy, in the home, per diem
2C27	2	C	27	75	Home Nursing Visit	S9131	Physical therapy, in the home, per diem
2C27	2	C	27	75	Home Nursing Visit	S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
2C27	2	C	27	75	Home Nursing Visit	S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
2C27	2	C	27	75	Home Nursing Visit	S9211	Home management of gestational hypertension, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2C27	2	C	27	75	Home Nursing Visit	S9212	Home management of postpartum hypertension, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
2C27	2	C	27	75	Home Nursing Visit	S9213	Home management of preeclampsia, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
2C27	2	C	27	75	Home Nursing Visit	S9214	Home management of gestational diabetes, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
2C27	2	C	27	75	Home Nursing Visit	S9430	Pharmacy compounding and dispensing services
2C27	2	C	27	75	Home Nursing Visit	S9447	Infant safety (including CPR) classes, non-physician provider, per session
2C27	2	C	27	75	Home Nursing Visit	S9451	Exercise classes, non-physician provider, per session
2C27	2	C	27	75	Home Nursing Visit	T1002	RN services, up to 15 minutes
2C27	2	C	27	75	Home Nursing Visit	T1030	Nursing care, in the home, by registered nurse, per diem
2C27	2	C	27	75	Home Nursing Visit	T2042	Hospice routine home care; per diem (Hospice routine home care)
2C30	2	C	30	125	Physician Home Visit	99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making
2C30	2	C	30	125	Physician Home Visit	99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
2C30	2	C	30	125	Physician Home Visit	99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity
2C30	2	C	30	125	Physician Home Visit	99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity
2C30	2	C	30	125	Physician Home Visit	99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity
2C30	2	C	30	125	Physician Home Visit	99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making
2C30	2	C	30	125	Physician Home Visit	99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity
2C30	2	C	30	125	Physician Home Visit	99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; and Medical decision making of moderate complexity
2C30	2	C	30	125	Physician Home Visit	99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; and Medical decision making of moderate to high complexity
2C30	2	C	30	125	Physician Home Visit	S0273	Physician visit at member's home, outside of a capitation arrangement
2C30	2	C	30	125	Physician Home Visit	S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
3A33	3	A	33	10	Nurse Advice Line	98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
3A33	3	A	33	10	Nurse Advice Line	98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
3A33	3	A	33	10	Nurse Advice Line	98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
3A34	3	A	34	10	RN e-visit	98969	Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
3B35	3	B	35	30	Email consultation with Provider	99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
3C36	3	C	36	50	Telehealth (patient - provider) - Store & Forward	92250	Fundus photography with interpretation and report
3C37	3	C	37	50	Telehealth (provider - provider) – eConsult/ eReferral	99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
3C37	3	C	37	50	Telehealth (provider - provider) – eConsult/ eReferral	99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
3C37	3	C	37	50	Telehealth (provider - provider) – eConsult/ eReferral	99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30minutes of medical consultative discussion and review
3C37	3	C	37	50	Telehealth (provider - provider) – eConsult/ eReferral	99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
3D39	3	D	39	75	Telephone consultation with Provider	99441	Telephone evaluation and management service by a physician or other qualified health care professional (licensed independent professional) who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
3D39	3	D	39	75	Telephone consultation with Provider	99442	Telephone evaluation and management service by a physician or other qualified health care professional (licensed independent professional) who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
3D39	3	D	39	75	Telephone consultation with Provider	99443	Telephone evaluation and management service by a physician or other qualified health care professional (licensed independent professional) who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
3D40	3	D	40	90	Telehealth (patient to provider) - real time	T1014	Telehealth transmission, per minute, professional services bill separately
3D41	3	D	41	90	Telehealth (provider to provider) - real time	Q3014	Telehealth originating site facility fee

Appendix B

Non-traditional Service Description: Attachment FF, Table 5

If a non-traditional service does not have any procedure codes listed, the PHCS should make all efforts to only report those services that closely align with the service description provided in the Standard Terms and Conditions, Attachment FF, Table 5.

Standard Terms and Conditions, Attachment FF, Table 5: Excerpt

Tier	Service	Relevant codes and description if available (CPT, ICD)	Definition [source] Where no nationally recognized code exists	Relative Points
Service Category 2: Complementary Patient Support and Care Services				
A	Community Health Worker (CHW)		Encounters in which a Community Health Worker assists individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs[1]	15
A	Health Education		Services provided for the purpose of promoting health and preventing illness or injury. These include risk factor reduction interventions, preventive medicine counseling and behavior change interventions.	25
A	Case management		Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's	25

[1] Bureau of Labor and Statistics, Standard Occupational Classification: 21-1094 Community Health Workers. http://www.bls.gov/soc/2010/soc211094.htm, Accessed 11/24/2015

Tier	Service	Relevant codes and description if available (CPT, ICD)	Definition [source] Where no nationally recognized code exists	Relative Points
			and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.[2] **Case manager is assigned** to the patient and engages in direct care **OR** coordination of care **OR** manages patient's access to care **OR** initiates and/or supervises other health care services needed by the patient[3]	
A	Health coach		Health and behavior intervention performed by non-provider member of the health care team to build the knowledge, skills, and confidence required to manage their chronic conditions and improve their health. Includes motivational interviewing, self-management goal setting, patient education and activation and chronic disease support[4]	15
A	Panel management		Document in patient's medical record when staff proactively reach out to a patient and speak with them regarding preventive services, chronic illness management, their care plan, problem list, health goals, and/or treatment options[5]	15
A	Oral Hygiene Encounters		Adult and Pediatric oral health services including dental varnishing, oral health education and other prevention services provided by dental hygienists	30
B	Palliative Care	**0690-0699 Pre-hospice/Palliative Care Services**: Services that are provided prior to the formal election of hospice care. These services may consist of evaluation, consultation and education, and support	Encounters with non-provider care team members that focus on preventing and relieving suffering, and improving the quality of life of patients and their families facing serious illness.	50

[2] Case Management Society of America, http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx, Accessed 11/15/2015

[3] Oregon APM Patient Touches, direct communication with Oregon Health Authority

[4] Per 11/30/2015 communication with Dr. Nwando J. Olayiwola, Associate Professor, Department of Family and Community Medicine, and Director of the Center for Excellence in Primary Care (CEPC), University of California San Francisco. CEPC is a recognized national leader in Health Coach training.

[5] Oregon APM Patient Touches

Tier	Service	Relevant codes and description if available (CPT, ICD)	Definition [source] Where no nationally recognized code exists	Relative Points
		services. No specific therapy is excluded from consideration. Care may be provided in the home, hospitals, skilled nursing facilities, or nursing homes by palliative care teams, hospice organizations, or palliative care specialists. Unlike hospice care, palliative care may include potentially curative treatments and there is no requirement for life expectancy parameters.	Palliative care is provided by an interdisciplinary team which works with primary and specialty care providers to identify and treat pain and other distressing symptoms, provide psychosocial and spiritual support, and assist in complex decision-making and advance care planning.	
B	Pain management		Encounter provided by a non-provider caregiver or care team focused on enhancing self-management of chronic pain, implementing behavioral strategies for managing pain, discussing medication effectiveness and side effects, assessing treatment effectiveness, and adjusting treatment plan and goals. Chronic pain visits may also include assessment for signs of substance use or mental health disorder as well as motivational interviewing or other treatment strategies for these disorders	50
C	Home nursing visits	**G0162** Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	Visits by RNs to patients at home for acute or chronic disease management. May include history taking, physical exam, phlebotomy for lab testing, assessment of ADL, and adjustment of diet, activity level, or medications.	75
C	Paramedic treat and release		Paramedic assessment, treatment if appropriate, and discharge of a patient without ambulance transport[6]	75

[6] Millin, M. et al. EMS provider determinations of necessity for transport and reimbursement for ems response, medical care, and transport: Combined resource document for the national association of EMS physicians position statements, http://www.naemsp.org/Documents/Position%20Papers/POSITION%20Determinationoftransport-Resource%20Doc-PEC_2011.pdf, Accessed 11/24/2015

Tier	Service	Relevant codes and description if available (CPT, ICD)	Definition [source] Where no nationally recognized code exists	Relative Points
Service Category 3: Technology-Based Outpatient[7]				
A	Texting		Texting services provided by the care team to an established patient, parent, or guardian to support care management. Cannot focus on administrative tasks such as scheduling appointments. Must not originate from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment	1
A	Video Observed Therapy		Observation of patients taking their tuberculosis medication in their homes. Observation is done using a live video telephone on both the patient and provider ends[8]	10
C	Telehealth – Store & Forward	+GQ modifier for distant site: **99241-99243** Office consultation, new or established patient **99251-99253** Initial inpatient consultation **99211-99214** Office or other outpatient visit **99231-99233** Subsequent hospital care OR **99446-99449**: Non-Face-To-Face Services: Interprofessional Telephone/Internet Consultations	Store and Forward services that include images, such as Teleophthalmology and Teledermatology	65
D	Telephone consultation with PCP[9]	**CPT Physician Code** **99441** through 99443. Telephone E&M service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor	ALTERNATIVE DESCRIPTION: PCP speaks via telephone with patient about medical/dental/MH/substance use condition or medications AND discusses or creates care plan OR discusses treatment options	75

[7] General resource for this section is the American Telemedicine Association Letter to CMS on Telehealth Services, December 31, 2013. http://www.americantelemed.org/docs/default-source/policy/medicare-code-request-for-2015.pdf?sfvrsn=4, Accessed 10/28/2015

[8] California Department of Public Health Tuberculosis Control Branch - Guidance for Developing a Video Observed Therapy (VOT) - Policy and Procedures. https://www.cdph.ca.gov/programs/tb/Documents/TBCB-SPM-Cert-Guidance-VOT-Policy-And-Procedures.doc, Accessed 11/24/15

[9] CMS, DHHS: Summary of Policies in the 2008 Medicare Physician Fee Schedule and the Telehealth Originating Site Facility Fee Payment Amount, February 1, 2008. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1423CP.pdf, Accessed 10/20/2015

Tier	Service	Relevant codes and description if available (CPT, ICD)	Definition [source] Where no nationally recognized code exists	Relative Points
		leading to an E/M service or procedure within the next 24 hours or soonest available appointment		
D	Telehealth (provider - provider) - real time[10]		Communication between two providers for purposes of consultation, performed via interactive audio and video telecommunications systems	90
Service Category 4: Inpatient				
A	Sobering Center[11]		Nurse assessment and monitoring, to determine and ensure safety for individuals found intoxicated in public[12]	50
A	Recuperative/Respite Care[13]		Provision of acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to be hospitalized. Services may include recuperative care, completion of therapy (e.g, antibiotics, wound care), temporary shelter, and coordination of services for medically and psychiatrically complex homeless adults[14]	85

[10] *Ibid*

[11] San Francisco Department of Public Health, Housing and Urban Health, Medical Respite and Sobering Center. https://www.sfdph.org/dph/comupg/oprograms/HUH/medrespite.asp, Accessed 11/25/2015

[12] 12/23/2015 communication with Dr. Hali Hammer, Medical Director for Ambulatory Services, San Francisco Health Network.

[13] National Health Care *for the* Homeless Council, definition of Recuperative Care https://www.nhchc.org/ accessed 11/24/2015

[14] Ibid 12/23/2015 communication with Dr. Hammer.