

Service Conversion

Facets 5.0 Participant Guide

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Service Conversion

Service Code Conversion

In Facets, benefits are service code-driven. This means Facets uses service codes to determine claim payment. The service code also defines payment requirements for each type of treatment rendered by a provider. You must define Service codes and conversion tables before Facets can process a claim.

The Procedure, Revenue, and Service Code Conversion tables point to by a prefix indicated in the **Indicative** section of the Class/Plan Definition application. The application accesses these tables when a procedure, revenue, or service code is used on the processing screens.



TOS Codes

1. The labels: TOS (type of service), Service IDs, Service Codes all represent the same type of code.
2. TOS codes are TriZetto supplied and a user may also create them, but all TOS codes must exist in the Service ID Description application.
3. TOS codes define ranges of procedure codes in the Service Procedure Conversion application, and ranges of revenue codes in the Service/Revenue Code Conversion application.
4. A TOS code can also represent a service not identified by a procedure or revenue code. In this case, the Health plan creates the TOS and it is stored in the Service Code Conversion application. The application uses the TOS to verify edits during claims and UM processing. This occurs when you manually enter a TOS code on a claim line or service review line.
5. The prefix used to open the Service/Procedure Conversion, Service/Revenue Code Conversion, and the Service Code Conversion applications is in the Class/Plan Definition application in the **Indicative** section. The TriZetto supplied prefix is (0001), and it is recommended that a new prefix be created so the supplied tables for each application are not corrupted. You can easily create a new prefix by using the **Save As...** option in each conversion application.
6. Use the Service Conversion Description application to create a description for a prefix that has been created for the three conversion applications.

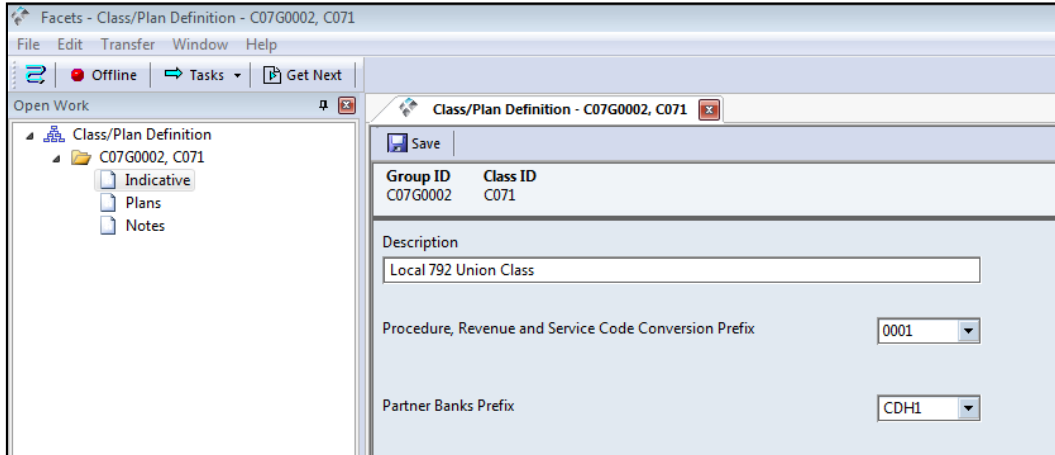
Note: The same new prefix must be used for all three conversion applications.

7. During the procedure code conversion process that occurs while processing a claim or service review, Facets will recognize the Setting code for the Place of Service, the Modifier attached to a procedure code and the Category code (which can be found on any of the following applications: Place of Service, Diagnosis Code, and Servicing Provider's file) and use them as well as the procedure code in determining the TOS code.
8. During the revenue code conversion process that occurs while processing a claim, Facets recognizes the Setting code for the Place of Service and the Category code (found on any of the following applications: Place of Service, Diagnosis Code, and servicing provider's file) and uses them, as well as the revenue code, in determining the TOS code.
9. After the initial conversion of a procedure or revenue code into a TOS code, Facets will verify if a member's eligible Plan is linked to a Product that contains either a SPCT component (Supplemental Procedure Code Conversion application) or SRCT component (Supplemental Revenue Code Conversion application). These applications are used to further convert the TOS code to a different TOS code based on additional criteria.
10. Information is not supplied in either of the Supplemental Conversion applications. The order in which rows of criteria are configured in each application (SPCT / SRCT) is important to note.

Class/Plan Definition Application

Indicative Section

This section allows users to identify the class description and the prefix used for the Procedure, Revenue, and Service Code Conversions tables for subscribers in this class of benefits.



| Field | Description |
|---|---|
| Fields denoted with an * are required. | |
| Description | User-defined description of the Class/Plan. |
| Procedure, Revenue and Service Code Conversion Prefix | The prefix/ID used to link this class to the conversion tables used to determine a service code and product category based on the procedure, revenue or service code entered on the claim or UM pre-authorization/referral. One service conversion prefix may be shared among groups with similar benefit requirements. |

Note: Use the Service ID Descriptions application to establish and define new service codes in Facets not previously created. Facets will not recognize a service code unless it is created here first.

The three conversion applications in Facets include the following:

- Service/Revenue Code Conversion
- Service/Procedure Conversion
- Service Code Conversion

Use these applications/records to convert hospital revenue codes, CPT (Clinical Procedure Terminology) procedure codes, as well as services without either revenue or

procedure codes into Service Codes/Service IDs/types of services (TOS) previously defined in the Service ID Descriptions application.

The prefix ID for the Service/Procedure Conversion, Service Code Conversion, and Service/Revenue Code Conversion applications must all be identical since they are identified on the Class/Plan Definition application as a single value.

The Service/Procedure Conversion and Service/Revenue Code Conversion applications were created to assist in the process of automating the submission of provider services submitted using procedure and revenue codes.

The Service/Revenue Code Conversion application allows users to establish a range of revenue codes for a service. Enter both a low and high number when entering revenue codes. Facets translates the range to the type of service specified.

The Service Code Conversion application is used as a default. This table identifies those types-of-services that are not identified by procedure or revenue codes. Service codes need to be set-up in this application when entering the type of service field on the Medical and Hospital Claims Processing screens. An example of a service that would be loaded to this table would be EAP (Employee Assistance Plan). In addition, if a UM Nurse Reviewer wishes to enter a type-of-service code on the UM processing screen instead of a procedure code, those codes would need to first be entered in the Service Code Conversion application.

Note: The three conversion tables must be linked to the Class/Plan Definition in order for Facets to determine what services are valid in a particular Plan/Product.

Service ID Descriptions Application (SEDS)

The Service ID Description application lists all type of service IDs in Facets. A Service ID must be defined here in order to be a valid service. This application allows the user to add or edit Facets service codes and their descriptions.

Creating service codes and their descriptions is the first step in setting-up a service for pricing and payment in Facets. Facets is delivered with a supplied set of over 200 service codes. A user may enter additional codes, as well as edit or delete descriptions in the enterable grid of the Indicative section.

Indicative Section

The grid in this section displays all service codes used and their descriptions.

| Field | | Description |
|--|---|--|
| Fields denoted with an * are required. | | |
| Service ID | * | Groups a set of procedures or services for claims or limit processing, accumulation, fee calculation, payment or reporting purposes. |
| Description | * | User-defined description for the service code. |
| Type | | <p>Used for further classification of the service code for clinical editing since the same CPT code may be used to report multiple types-of-service. This field also identifies a service as Surgery, Assistant Surgery, Anesthesia, Ambulance, Lab/Radiology, or Emergency. Ambulance and Lab/Radiology allow the user to associate service area determination with these types of services.</p> <p>Note: The options of emergency, ambulance, and lab/radiology pertain to DOFR (Division of Financial Responsibility) of the Assigned Risk Module.</p> |

Service/Procedure Conversion Application (TPCT)

The Service/Procedure Conversion application defines how Facets converts a procedure code to a service code during medical claims or UM processing. The service code defines pricing and payment requirements for each type of service rendered by a provider.

Indicative Section

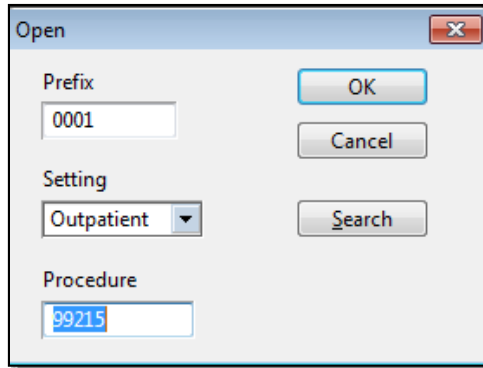
This section displays the service conversion-to-procedure requirements for all claims processed under plans using this Product prefix.

Opening Service/Procedure Conversion Tables

| Step | Opening Service/Procedure Conversion Tables Procedures |
|------|---|
| 1 | Select Open from the File menu (Ctrl+O) to access an existing Service/Procedure Conversion table. |
| 2 | Enter the prefix of the record to open, or conduct a search for that prefix by selecting the Search button (Alt+S). |
| 3 | Select a “Setting” option (All Settings /Inpatient /Outpatient). This is optional. |
| 4 | Enter the Procedure code to view (optional). Select OK . |

Creating Service/Procedure Conversion Table

| Step | Creating Service/Procedure Conversion Tables Procedures |
|------|---|
| 1 | Select New from the File menu (Ctrl+N) to create this application. |
| 2 | Enter a user-defined prefix in the New dialog box. The Service Code Conversion and Service/Revenue Code Conversion tables will share this prefix. It is identified on the Class/Plan Definition application. |
| 3 | Select a “Setting” option (All Settings /Inpatient /Outpatient) This is optional. |
| 4 | Enter the Procedure code to create (optional). Select OK . |

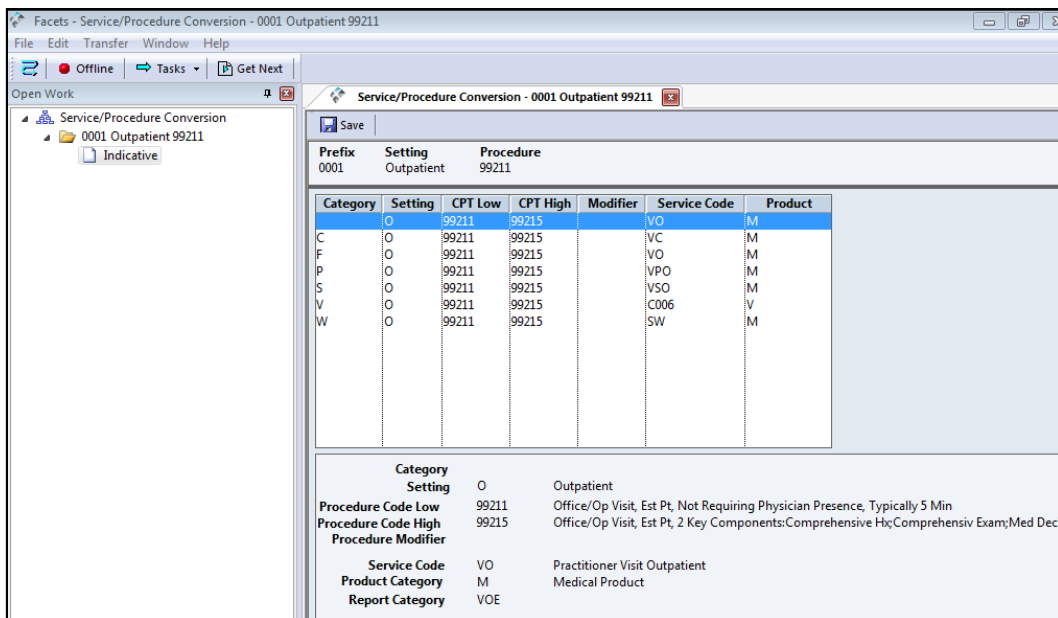


| Field | | Description |
|---|---|---|
| Fields denoted with an * are required. | | |
| Prefix | * | Enter a prefix that will convert procedure codes submitted on a claim and/or UM review into a type of service for benefit adjudication. This prefix is attached to the Indicative section of the Class/Plan Definition application and is the same prefix that also opens the Service/Revenue Code Conversion and Service Code Conversion applications. |
| Setting | | <p>This field is used to differentiate Service IDs for a common procedure code.</p> <p>The service Setting field is created in the User-Defined Codes application in the Application Support application group. The Service Setting also displays for selection in the Place of Service Descriptions, Medical application.</p> |
| Procedure | | *Enter a procedure code in order to open service/procedure conversion rows that include the procedure in the row's code range. This filter allows the user to limit the number of rows returned when opening a Service/Procedure Conversion record. |

*Matching Criteria

If a procedure code is entered in the **Open** dialog box, Facets displays all rows in the range the procedure belongs. The user does not have to enter a valid procedure code as long as the entry falls in an existing range. If no rows match the criteria entered, an error message displays and the user may enter a different set of criteria.

In addition, the Service/Procedure Conversion application allows the user to add rows to an open record based on a different set of criteria. For example, if the application was opened with a setting of Inpatient (I) and a procedure code of 99211, the user may add rows with a Setting of Outpatient (O) and/or a procedure code of 99211. The record will be checked for duplicate or overlapping entries when it is saved.

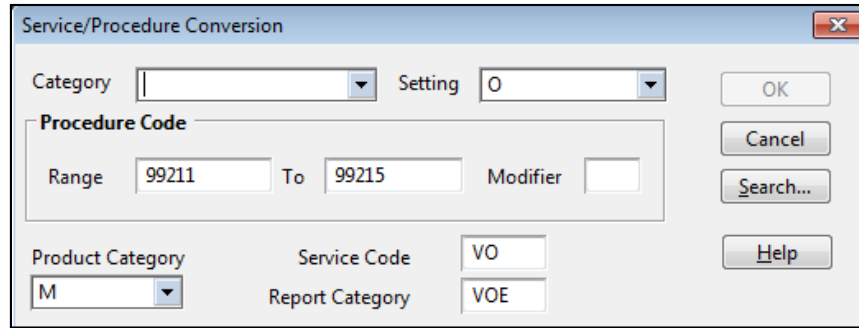


| Category | Setting | CPT Low | CPT High | Modifier | Service Code | Product |
|----------|---------|---------|----------|----------|--------------|---------|
| C | O | 99211 | 99215 | | VO | M |
| F | O | 99211 | 99215 | | VO | M |
| P | O | 99211 | 99215 | | VPO | M |
| S | O | 99211 | 99215 | | VSO | M |
| V | O | 99211 | 99215 | | C006 | V |
| W | O | 99211 | 99215 | | SW | M |

| | | |
|----------------------------|-------|---|
| Category | O | Outpatient |
| Setting | O | Outpatient |
| Procedure Code Low | 99211 | Office/Op Visit, Est Pt, Not Requiring Physician Presence, Typically 5 Min |
| Procedure Code High | 99215 | Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehensiv Exam;Med Deci |
| Procedure Modifier | | |
| Service Code | VO | Practitioner Visit Outpatient |
| Product Category | M | Medical Product |
| Report Category | VOE | |

Adding Service/Procedure Conversion Rows

| Step | Adding Service/Procedure Conversion Rows Procedures |
|------|---|
| 1 | To add a Service/Procedure Conversion row to either a new or existing prefix, select Add from the Edit menu (Alt+E+A). |
| 2 | Complete the Service/Procedure Conversion dialog box (below) and select OK . |



| Field | | Description |
|---|---|--|
| Fields denoted with an * are required. | | |
| Category | | Categorizes the service based on provider type, place of service or diagnosis code. This is a user-defined field created in the User-Defined Codes application, Category = Plan Codes, Type = Service Conversion Category. After creating categories in the User-Defined Codes application, the user will see them as options here in the Category field of the Service/Procedure Conversion application and make the appropriate selection. |
| Setting | * | Enter I for Inpatient or O for Outpatient. This is a user-defined field established in the User-Defined Codes application. This field can be used to differentiate types of service codes for a common procedure/CPT code. For example, a CPT code can point to different types of service codes based on whether it was performed in an inpatient or outpatient setting. The user may also point to a setting that is established for defining other parameters, such as procedures performed with another procedure type (e.g., lab or surgery done on the same day as the primary procedure code). During claims processing, the place of service can be manually changed to a value that contains a unique (service) 'setting', which will point to an entirely different service. |
| CPT Low | * | Low CPT code in the range. |
| CPT High | * | High CPT code in the range. |

| Field | | Description |
|------------------|---|---|
| Modifier | | Further describes the service, e.g., assistant surgeon, anesthesia, professional vs. technical components, etc. |
| Service Code | * | Code the CPT code will be converted to in claims processing. |
| Product Category | * | Enter M for Medical and D for Dental. |
| Report Category | | Indicate the Service Reporting Category (previously defined in the Report Category Descriptions application). |

Service/Procedure Conversion and Service/Revenue Code Conversion

The Service/Procedure Conversion and Service/Revenue Code Conversion applications were created to assist in the process of automating the submission of a provider's services using procedure and revenue codes.

The following are the available options used to further define a specific service requirement:

- A user-defined Category ("Category" field) linked to the Provider, Diagnosis code, and Place of Service.
- A user-defined setting linked to the Place of Service, Medical application for the Service/Procedure Conversion application and linked to the Hospital Bill Code Definition application for the Service/Revenue Code Conversion applications.
- A procedure code modifier in the Service/Procedure Conversion application.

Linking procedure codes in the Service/Procedure Conversion application

In addition to linking a procedure code to a particular service, Facets also needs to link the procedure to a specific type of benefit category or Product Category. Product Categories are used to distinguish different benefit types, e.g., Medical, Dental, Vision, etc. The Service/Procedure Conversion prefix should define the high-level list of services used for large sets of products. The services may be broken down further for product-specific variations using the Supplemental Procedure Conversion and Supplemental Revenue Code Conversion applications.

Service/Revenue Code Conversion Application (RCCT)

Hospital claims submitted on UB-04 forms use revenue codes for billing. If hospital claims are processed under this plan, the user must equate each revenue code to a Facets service code, which in turn defines the benefits available for the specific service rendered. This application allows users to establish a range (low and high numbers) of hospital revenue codes for a service. Facets translates the range to the type of service specified and populates the **TOS** field on the **Hospital Processing** screen.

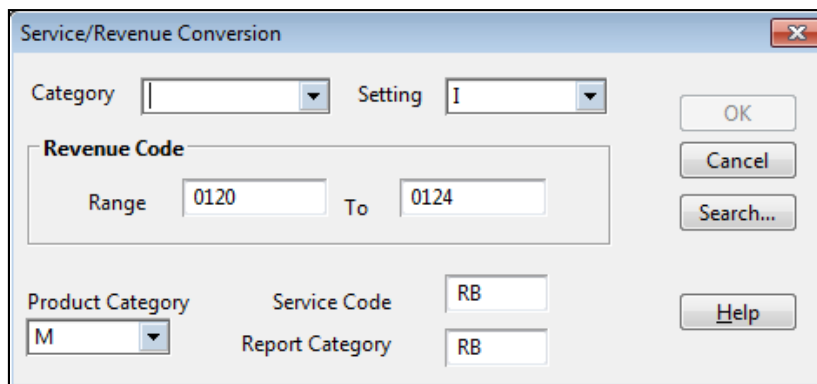
Indicative Section

This section displays the service conversion-to-class-product and reporting categories for all claims processed under plans using this product prefix.

Select a row in the grid to view detailed information in the text-out area below.

Adding Service/Revenue Conversion Rows

| Step | Adding Service/Revenue Conversion Rows Procedures |
|------|--|
| 1 | To add a Service/Procedure Conversion row to either a new or an existing prefix, select Add from the Edit menu (Alt+E+A). |
| 2 | Complete the Service/Revenue Conversion dialog box (shown below) and select OK . |



| Field | | Description |
|---|---|---|
| Fields denoted with an * are required. | | |
| Category | | Categorizes the service based on provider type, place of service or diagnosis code. This is a user-defined field created in the User-Defined Codes application, Category = Plan Codes, Type = Service Conversion Category. After creating categories in the User-Defined Codes application, the user will see them as options here in the Category field of the Service/Revenue Code Conversion application and make the appropriate selection. |
| Setting | | Enter I for Inpatient or O for Outpatient This field can be used to differentiate types of service codes for a common revenue code. For example, a revenue code can point to different types of service codes based on whether it was performed in an inpatient or outpatient setting. The user may also point to a setting that is established for defining other parameters, such as procedures performed with another procedure type (e.g., lab or surgery done on the same day as the primary procedure code). During claims processing, the place of service can be manually changed to a value that contains a unique (service) 'setting', which will point to an entirely different service. |
| Rev Code Low | * | Enter the low revenue code in the range. The UB-04 committee requires all revenue codes to be 4-digits. When entering a revenue code in Facets, the user must add a leading zero to that code. Any three-digit entry will generate the following error message, "Revenue Code Not Found". |
| Rev Code High | * | Enter the high revenue code in the range. The UB-04 committee requires all revenue codes to be 4-digits. When entering a revenue code in Facets, the user must add a leading zero to that code. Any three-digit entry will generate the following error message, "Revenue Code Not Found". |

| Field | | Description |
|------------------|---|---|
| Service ID | * | Enter the service code to which the revenue code will be converted. |
| Product Category | * | Indicate M for Medical and D for Dental. |
| Report Category | | Indicate the Service Reporting Category. |

Service Code Conversion Application (SECT)

The Service Code Conversion application is used as a default. This table is used to identify those Types of Services not identified by procedure or revenue codes.

In order to determine the correct product, class and reporting categories for a Service Code during claims processing, Facets must match the service entered to a product category.

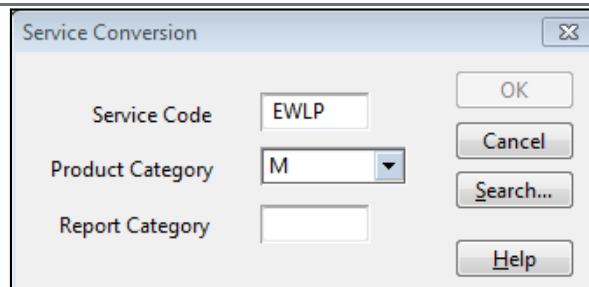
In Prospective UM, if a UM nurse reviewer wishes to enter a type-of-service code on the UM processing screen instead of a procedure code when entering a Review, those codes would need to be created first in the Service Code Conversion application.

Indicative Section

This section shows the service conversion-to-class-product and reporting categories for all claims processed under plans using this Product prefix.

Adding Service Code Conversion Rows

| Step | Adding Service Code Conversion Rows Procedures |
|------|---|
| 1 | To add a Service Code Conversion row to a new or existing prefix, select Add from the Edit menu (Alt+E+A). |
| 2 | Complete the fields in the Service Conversion dialog box and select OK , or select Search (Alt+S) to find a service code. |



| Field | | Description |
|-------|--|-------------|
|-------|--|-------------|

| Fields denoted with an * are required. | | |
|--|---|---|
| Service Code | * | Code to be entered on processing screen (previously defined in the Service ID Description application). |
| Product Category | * | Enter M for Medical or D for Dental. |
| Report Category | | Indicate the Service Reporting Category (defined in Application Support/Report Category Description application). |

Supplemental Procedure Conversion Application (SPCT)

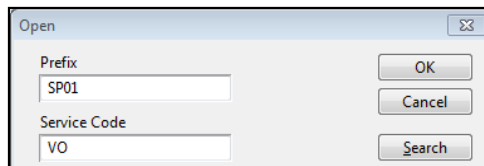
Supplemental conversion is a second process that converts the service code identified as a result of the service/procedure or service/revenue code conversion to another service code based on the information entered.

The Supplemental Procedure Conversion application is a Product Component allowing the user to define additional rules Facets uses at the product level to supplement the Service/Procedure Conversion application. These rules are utilized during claims and UM processing to convert Procedure Codes into Service Codes depending on certain factors (e.g., age and gender banding). This component is used in UM, Claims and Claims/UM combined products.

Indicative Section

This section displays the service conversion-to-procedure requirements for all claims processed under plans using this product prefix.

Opening Supplemental Procedure Conversion Tables



| Field | | Description |
|--|---|--|
| Fields denoted with an * are required. | | |
| Prefix | * | User-defined prefix for this application/component. |
| Service Code | * | The original service code for the service found by the system during the Service/Procedure Conversion. This user may alter selections of |

| | | |
|--|--|--|
| | | parameters within the SPCT table to link to a new Service ID for product-level differences in pricing and/or payment calculations. |
|--|--|--|

Maintaining Supplemental Procedure Conversion Rows

| Step | Maintaining Supplemental Procedure Conversion Rows Procedures |
|------|--|
| 1 | To add a row, select Add...Section from the Edit menu (Alt+E+A+S). |
| 2 | The Add dialog box will display. Enter the appropriate date information and select OK . |
| 3 | To add a Supplemental Procedure row to this prefix, select Add...Subsection from the Edit menu (Alt+E+A+B). |
| 4 | Complete the Supplemental Procedure Conversion dialog box and select OK . Note: All fields do not have to be filled in, only those pertaining to the particular situation. |
| 5 | To change a row in the grid, highlight that row and select Change...Subsection from the Edit menu (Alt+E+H+B). The Supplemental Procedure Conversion dialog box will appear for the row highlighted. |
| 6 | Make the changes in the dialog box and select OK . |
| 7 | To insert a row in the grid, highlight the row where the new inserted row should be and select Insert...Subsection from the Edit menu (Alt+E+I+B). |
| 8 | Enter the new Supplemental Procedure code information in the dialog box and select OK . The new row will now appear in the grid above the original row selected. |
| 9 | To delete a row, highlight the appropriate row in the grid and select Delete...Subsection from the Edit menu (Alt+E+D+B). |
| 10 | At the confirmation pop-up box, select Yes to delete the row. |

Supplemental Procedure Conversion

Conversion Service ID

Ranges

| | From | To | Modifier |
|-------------------|------------------------------------|------------------------------------|----------------------|
| Procedure | <input type="text" value="99215"/> | <input type="text" value="99215"/> | <input type="text"/> |
| Related Diagnosis | <input type="text" value="718"/> | <input type="text" value="718"/> | |
| Place of Service | <input type="text" value="11"/> | <input type="text" value="11"/> | |
| Age | <input type="text" value="0"/> | <input type="text" value="999"/> | |

Gender
☒ Male ☒ Female

Relationship

Provider
 Type
 Specialty

Service Code Report Category

OK Cancel Search Help

| Field | | Description |
|---|---|---|
| Fields denoted with an * are required. | | |
| Conversion Service ID | * | Displays the original service code for the service found by the system during the Service/Procedure Conversion read. The user may alter one or more selections of parameters within the SPCT table to link a new (i.e. different) Service ID for product-level differences in pricing/payment calculations. |
| Procedure Code Range From/To | * | Beginning/Ending range of procedure codes used to convert the existing Service Code to another Service Code. |
| Modifier | | Two-character procedure modifier used to convert the existing service code to another service code for pricing and/or payment. |
| Related Diagnosis From/To | | The code (up to 10 characters) that begins/ends the range of diagnoses used to convert existing service codes for pricing and payment. |
| Place of Service From/To | | The code that begins/ends the range of places-of-service used to convert existing service codes for pricing and payment. |
| Age | | Enter the earliest and latest patient ages (00 through 999). |
| Gender | | If there are gender restrictions, check the appropriate box(es). |

| Field | | Description |
|--------------------|---|---|
| Relationship | | <p>This field is used to offer different benefit rates for the same services to a subscriber and the subscriber's dependents based on the relationship of the member to the subscriber. For example, a coinsurance or co-payment rate for the subscriber for office visits can be set at 100%, but for office visits for the subscriber's spouse and child, the rate can be set at 80%.</p> <p>Note: To allow Facets to convert a service code identically for two relationships such as a spouse and child, users must establish multiple rows on the appropriate supplemental conversion application. Select the code that defines the relationship of the member to the subscriber, if the level of benefits are based on that relationship. Options include: Blank = Not applicable, A = Subscriber Only, B = Spouse Only, C = Child Only and D = Other Only.</p> <p>Note: Leave this field as "Not applicable" if the benefit rate will be the same for all relationships.</p> |
| Provider Type | | Practitioner "type" servicing provider; used to convert existing service code to another code for pricing/payment. |
| Provider Specialty | | Practitioner "specialty" of servicing provider; used to convert the existing service code to another code for pricing/payment. |
| Service Code | * | Identifies the "new" service code established for pricing and/or payment. This is based on parameters linked to the original service code obtained from the Service/Procedure Code Conversion table. |
| Report Category | | The four-character reporting category code used for additional reporting break-outs in conjunction with service codes (Defined in the Report Descriptions application). |

Supplemental Revenue Code Conversion Application (SRCT)

The Supplemental Revenue Code Conversion application is a Product Component that allows the user to establish additional ranges (rules) of revenue codes as a supplement to the Service/Revenue Code Conversion application. These supplemental codes may be identified, for example, through hospital billing class or patient gender banding. Facets translates the ranges of codes to the types-of-service specified.

This application may be used to set-up product-by-product differences in the translations from revenue codes to service codes thereby allowing users to avoid creating multiple Service/Revenue Code Conversion prefixes. This component is used in UM, Claims and Claims/UM combined products.

Using this application allows Facets to find a Service ID within the Service/Revenue Code Conversion application based on a few parameters and then when necessary, carry that Service ID to the supplemental product-level entries of which there will be fewer entries to read that are specific to a product requirement.

Indicative Section

This section displays the revenue conversion-to-procedure requirements for all claims processed under plans using this product prefix.

Adding Supplemental Revenue Conversion Rows

| Step | Adding Supplemental Revenue Conversion Rows Procedures |
|------|---|
| 1 | To add a row, select Add...Section from the Edit menu (Alt+E+A+S). |
| 2 | The Add dialog box will display. Enter the appropriate date information and select OK . |
| 3 | Select Add from the Edit menu (Alt+E+A). |
| 4 | Complete the Supplemental Revenue Code Conversion dialog box and select OK . Note: All fields do not have to be filled in, only those pertaining to the particular situation. |

Supplemental Revenue Code Conversion

Conversion Service ID

OK Cancel Search Help

Ranges

| | | From | To |
|--|-----------|-------|-------|
| Revenue Code | | 0159 | 0159 |
| Related <input type="text" value="Primary"/> | Diagnosis | 463 | 463 |
| <input type="text" value="Line Item"/> | Procedure | 42826 | 42826 |
| Age | | 12 | 999 |

Gender
☒ Male ☒ Female

Relationship

Provider Type

Billing Classification

Service Code **Report Category**

| Field | | Description |
|---|---|--|
| Fields denoted with an * are required. | | |
| Conversion Service ID | * | This field displays the original service code for the service found by the system during the service/revenue code conversion read. |
| Revenue Code From/To | * | Enter the beginning and ending revenue code for the range of revenue code(s) used to convert the existing service code to another code. The UB-04 committee requires all revenue codes to be 4-digits. When entering a revenue code in Facets, the user must add a leading zero to that code. Any three-digit entry will generate the following error message, "Revenue Code Not Found". |
| Related | | Enter the type of related diagnosis used in converting a service code to a new service code. Valid Values: Admitting, Primary. |
| Diagnosis From/To | | Enter the beginning and ending related diagnosis code (up to 10 characters) for the range of diagnoses codes used to convert the existing service code to another service code. |
| Type of Procedure | | Select the type of procedure code to be used |

| Field | | Description |
|------------------------|---|---|
| | | during the Supplemental Revenue Code Conversion process. If Claim is selected, Facets will only use the claim level principal procedure code entered to attempt to execute the supplemental conversion. If Line Item is selected, Facets will only use the line item level procedure. |
| Procedure From/To | | Enter the lowest and highest procedure code in the range being used in the supplemental revenue code conversion process. |
| Age | | Enter the earliest and latest patient ages (00 through 999). |
| Gender | | If there are gender restrictions, check the appropriate box(es). |
| Relationship | | This field is used to offer different benefit rates for the same services to a subscriber and the subscriber's dependents based on the relationship of the member to the subscriber. |
| Provider Type | | Enter the type of facility with which the servicing provider must be affiliated. |
| Billing Classification | | This 3-character field identifies the Hospital Billing Classification ID (established by combining the Facility Type and Billing Classification of the UB-04 coding standards) used to convert the existing service code to another service code. |
| Service Code | * | This field is used to identify the new service code. This is based on parameters linked to the original service code obtained from the Service/Revenue Code Conversion application. |
| Report Category | | Enter the 4-character reporting category code used for reporting in conjunction with service codes (pre-defined in the Report Descriptions application). |

Note: All fields do not have to be filled in, only those pertaining to the particular situation.

Claim Processing Messages

In the Hospital Claims Processing application, Facets will display an error message if a Revenue Code is identified for a hospital claim line item and if the claim's Service From and To dates span the Supplemental Revenue Code Conversion Effective and Termination Dates. If this occurs, the claim will have to be split.

Supplemental Conversion Qualifier Group Application (SCQG)

This application allows users to configure qualifier groups for use in the Supplemental Procedure Conversion Rules and Supplemental Revenue Conversion Rules applications.

Indicative Section

This section displays the qualifier groups and related sets of qualifier types that exist in the system. Select a qualifier group row from the upper grid to display the set of qualifier statements defined for the group in the lower grid.

Creating Supplemental Conv Qual Groups

| Step | Creating Supplemental Conv Qual Groups Procedures |
|------|--|
| 1 | Select Add from the Edit menu (Alt+E+A). |
| 2 | Complete the fields on the Add Qualifier Group dialog box. Select Add to add the new row to the grid at the bottom of the dialog box. Multiple rows may be added in one session. |
| 3 | Select OK to add the new values to the Indicative page grids. Note: Some fields displayed in the Add Qualifier Group dialog box depend on the selected qualifier, since different qualifiers require different types of values, such as range, a single user-defined value, a single supplied value from a selection list, etc.). |

Change Qualifier Group

Qualifier Groups

Description: Psych Office Visit

Rule Type: Supplemental Proc Conv

Qualifier Type: Supplemental Conv

☐ Same Line Only

Qualifier Values

Qualifier: [Dropdown]

Add Update Delete

Same Qualifiers

☐ And ☒ Or

Different Qualifiers

☒ And ☐ Or

| Qualifier | Value 1 | Value 2 |
|-----------------------|---------|---------|
| Line Place of Service | 53 | 53 |

OK Cancel

| Field | | Description |
|---|---|---|
| Fields denoted with an * are required. | | |
| Description | * | Description of this qualifier group (up to 70 alphanumeric characters). |
| Rule Type | * | Selection list to choose the type of qualifier group being created: Supplemental Procedure Conversion Rules or Supplemental Revenue Conversion Rules. |
| Qualifier Type | * | Selection list to choose the qualifier type being created. At present there is only one choice: Supplemental Conversion. |
| Same Line Only | | Optional check box selected to indicate that the qualifiers defined must apply to the same claim line. |
| Same Qualifiers | | Required for multiple qualifiers: Options Buttons. Used to select how Facets qualifies claims or UM work items when the same qualifier is used in more than one statement. |
| Different Qualifiers | | Required for multiple qualifiers: Options Buttons. Used to select how the system should qualify claims or UM work items when different qualifiers are used in the qualifier statements. |

| Field | | Description |
|-----------------|---|--|
| Qualifier | * | <p>Selection list. Used to select a qualifier value for this qualifier group. The qualifiers available in this selection list depend on the selection in the Rule Type and Qualifier Type fields. At least one qualifier must be added when creating a qualifier group.</p> <p>Note: Depending on the qualifier selected, the Range/To or Value field displays.</p> |
| Range/To | * | When the selected qualifier requires a range of values, enter the beginning value and an end value (up to 50 alphanumeric characters). |
| Value | * | Select from the list or enter a value (up to 50 alphanumeric characters) to further define the selected qualifier. |
| Comparison Type | | <p>Selection list used to choose an option that the system should use when searching for qualifying records. Valid values for this field vary depending on the Qualifier.</p> <p>For a Range Qualifier, the valid values are Between, Inclusive, Between Exclusive, (Not) Between Inclusive, (Not) Between Exclusive, Populated, and (Not) Populated.</p> <p>For a Value Qualifier, the valid values are Equal, Not Equal, Less Than, Less Than Equal, Greater Than, Greater Than Equal, Populated, and (Not) Populated.</p> |

Maintaining Supplemental Conv Qual Group Rows

| Step | Maintaining Supplemental Conv Qual Group Rows Procedures |
|------|--|
| 1 | To change a row in the grid, highlight that row and select Change from the Edit menu (Alt+E+H+B). The Change Qualifier Group dialog box will appear for the row highlighted. |
| 2 | <p>Make the changes in the dialog box and select OK.</p> <p>Note: Once a qualifier group is saved, the Rule Type and Qualifier Type fields on the Change dialog box are not available. These fields cannot be changed after the qualifier group has been saved.</p> |

| Step | Maintaining Supplemental Conv Qual Group Rows Procedures |
|------|--|
| 3 | To copy a qualifier group, select the qualifier group to be copied from the list on the Indicative page, then select Copy from the Edit menu (Alt+E+C). |
| 4 | Enter the new qualifier group information in the dialog box and select OK . |
| 5 | To delete an existing qualifier group, select the qualifier group to be deleted from the list on the Indicative page and select Delete from the Edit menu (Alt+E+D). |
| 6 | At the confirmation pop-up box, select Yes to delete the row. |

Supplemental Procedure Conversion Rules Application (SPCR)

The Supplemental Procedure Conversion Rules application allows users to establish a single set of rules that supports supplemental conversion for both claims and UM processing. This allows UM services to be converted in the same way as Claims services, avoiding the need for one set of rules for Claims and a separate set of rules for UM.

This application is used to establish a prefix, which represents one rule group. Each rule group will contain a section for each service code for which supplemental conversion must occur. Each section can contain one or more rules. Each rule represents a condition or group of conditions, and the corresponding service code and report category that will be assigned if those conditions are met.

To use these rules, the SPCR component prefix must be added to the Component section of the Product Application.

Indicative Section

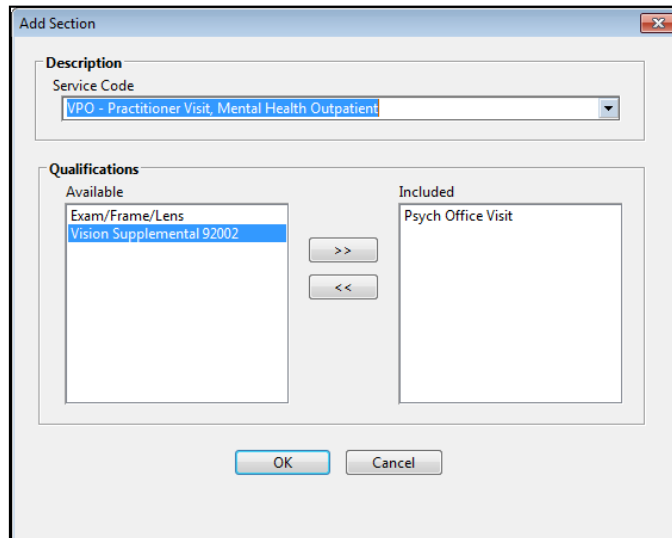
The **Indicative** page displays the Supplemental Procedure Conversion Rules and mapping rules established for the current prefix.

Adding Supplemental Procedure Conversion Rules

| Step | Adding Supplemental Procedure Conversion Rules Procedures |
|------|---|
| 1 | To add a new service code, select Add, Section from the Edit menu. In the Add Section Dialog box, all the service codes and descriptions that exist on the system display in the Service Code drop-down list. |

| | |
|---|---|
| 2 | Select a service code, then select the appropriate Qualifier Group representing the service code from the Available Pick List and move it to the Included list using the right arrow button. The entry in the Included list can be moved to the Available list by selecting it and selecting the left pointing arrow. |
| 3 | Select OK to close this dialog box and display the included qualifier group on the Indicative Page. Sections will be numbered in the order in which they were added. The qualifier group representing the service code must be established to save the record. |

Note: Although all qualifier groups are available, sections should be used to add the service code only. Conditions for service code conversion should be added as rules.



Maintaining Supplemental Procedure Conversion Rules

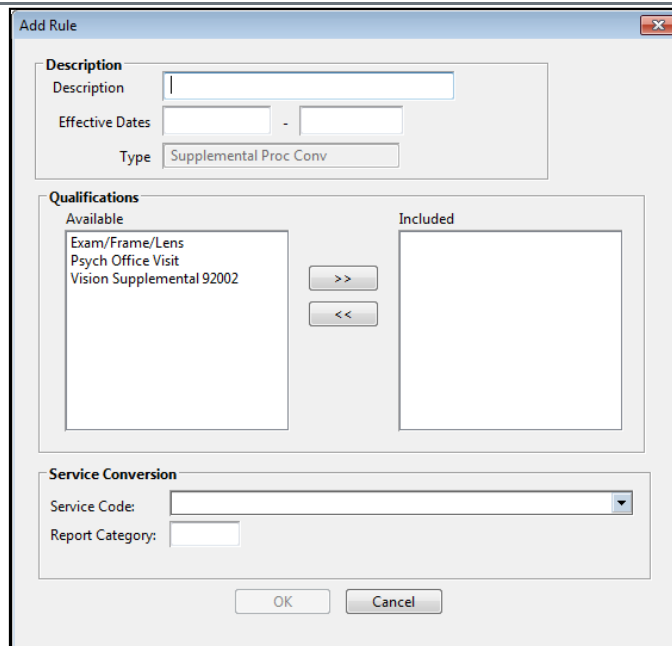
| Step | <i>Maintaining Supplemental Procedure Conversion Rules Procedures</i> |
|------|--|
| 1 | To change an existing section, select Change, Section from the Edit menu. At the Change Section dialog box, move the qualifier groups to and/or from the Available and included lists using the pointing arrows. Only the Included qualifier groups can be changed; the selected description cannot be changed. |
| 2 | To Delete a section, select the section and select Delete, Section from the Edit menu. |
| 3 | At the confirmation dialog box, select Yes to delete the selection. |
| 4 | To insert a section within the list, select the rule and select Insert, |

| | |
|----------|---|
| | Section from the Edit menu. |
| 5 | Complete the Insert Section dialog box by selecting the Service Code and moving the appropriate qualifier group from the Available list the Included list using the pointing arrows. |
| 6 | To move a section up or down within the grid, select the section and select Move Section, Move Up, Or Move Down from the Edit menu, or select the section and use the Move Up and Move Down buttons to the right of the grid. |

Once the section for the service code has been added, rules can be associated with them.

Associating Rules with Service Codes

| Step | Associating Rules with Service Codes Procedures |
|----------|--|
| 1 | Select a row from the grid, then select Add, Rule from the Edit menu or right-click on the section and select Add, Rule from the pop-up menu. |



The **Add Rule** dialog box allows customers to define rules for the section, along with the Effective Dates for this rule. Each rule represents a set of conditions and corresponding service code conversion if those conditions are met. Rules are applied in the order that they are added to the section, and conversion occurs for the first rule where the conditions are met.

| Field | | Description |
|-------|--|-------------|
|-------|--|-------------|

| Field | | Description |
|---|---|---|
| Fields denoted with an * are required. | | |
| Description | * | This is a description of the Supplemental Procedure Conversion rule. Up to 70 alphanumeric characters. |
| Effective Date | * | The date this rule became effective. |
| Type | | System Generated. Facets displays the current application page selected, Supplemental Procedure Conversion. |
| Service Code | * | Selection list. The ID for the service code to be used if the qualifying conditions are met. |
| Report Category | | The user-defined report category assigned to the supplemental conversion. |

| Step | Associating Rules with Service Codes Procedures (continued) |
|----------|---|
| 2 | To modify an existing rule in a section row, open the Change Rule dialog box using one of the following methods: Select Change, Rule from the Edit menu. Right click the rule and select Change Rule from the pop-up menu. |
| 3 | At the Change Rule dialog box, the Description , Effective Dates , Qualifications , Service Code , and Report Category fields are available and may be changed. Select OK to close the dialog box and add the changes to the Indicative page. Select Save to save the changes to the database. |
| 4 | Select OK to close the dialog box and add the changes to the Indicative page. Select Save to save the changes to the database. |
| 5 | To delete an existing rule in a section row, highlight the rule and select Delete from the Edit menu, or right click on the rule and select Delete Rule from the pop-up menu. At the confirmation dialog box, select Yes to delete the row. |
| 6 | Select Save to save the Rule Group to the database. |

Supplemental Revenue Conversion Rules Application (SRCR)

The Supplemental Revenue Conversion Rules application allows users to establish a set of supplemental conversion rules. Supplemental Revenue Conversion rules are applicable to hospital claims processing only; UM does not use Supplemental Revenue Conversion.

This application is used to establish a prefix, which represents one rule group. Each rule group will contain a section for each service code for which supplemental conversion must occur. Each section can contain one or more rules. Each rule represents a condition or group of conditions, and the corresponding service code and report category that will be assigned if those conditions are met.

To use these rules, the SRCR component prefix must be added to the Component section of the Product Application.

To create a new record, or change an existing record follow the directions for creating and modifying Supplemental Procedure Conversion Rules above.

Service Conversion Hierarchy

Facets claims and UM processing applications will read the conversion tables based on the following hierarchy:

Medical Claims and UM

1. Service/Procedure Conversion (TPCT)
2. Supplemental Procedure Conversion Rules (SPCR)
3. Supplemental Procedure Conversion (SPCT)

Hospital Claims

1. Service/Revenue Code Conversion (RCCT)
2. Supplemental Revenue Conversion Rules (SRCR)
3. Supplemental Revenue Code Conversion (SRCT)

Note: Once a service code is obtained from the Service/Procedure Conversion (TPCT) or Service/Revenue Code Conversion (RCCT), it will be used for supplemental conversion processing. If a service code is obtained using the supplemental conversion rules, no further processing will occur and the service code obtained will be used. If a service code is not obtained using the supplemental conversion rules, the existing supplemental conversion will occur.
