

# Adapting the Price List

**Workshop**  
4/5 March 2008

# Objective for today



- Background and Context
- Price List and Electronic claims
- The List



# Who sets the prices?

Focus of today's discussion

- |                    |                              |
|--------------------|------------------------------|
| • Basic product    | • HAAD                       |
| • Enhanced product | • Negotiation <sup>(1)</sup> |
| • Self-pay         | • Provider                   |

<sup>(1)</sup> HAAD is currently negotiating for SEHA but will discontinue to do so



# What changes?

## No change

- Contracts between payer and provider
- Price levels<sup>(1)</sup>
- Benefits & Exclusions
- No need to worry about discontinuities

## Change

- Use standard codes for prices
- Add prices for undefined procedures
- Eliminate HAAD duplications (e.g. CPT 65295)
- Merge all prices into one list
- Everyone speaks the same language, also for prices
- “Everything has a price” (no gaps)
- Unanimous
- Easier to use (especially electronically)

<sup>(1)</sup> Minor exceptions for gross mispricing and adjustments of duplicates

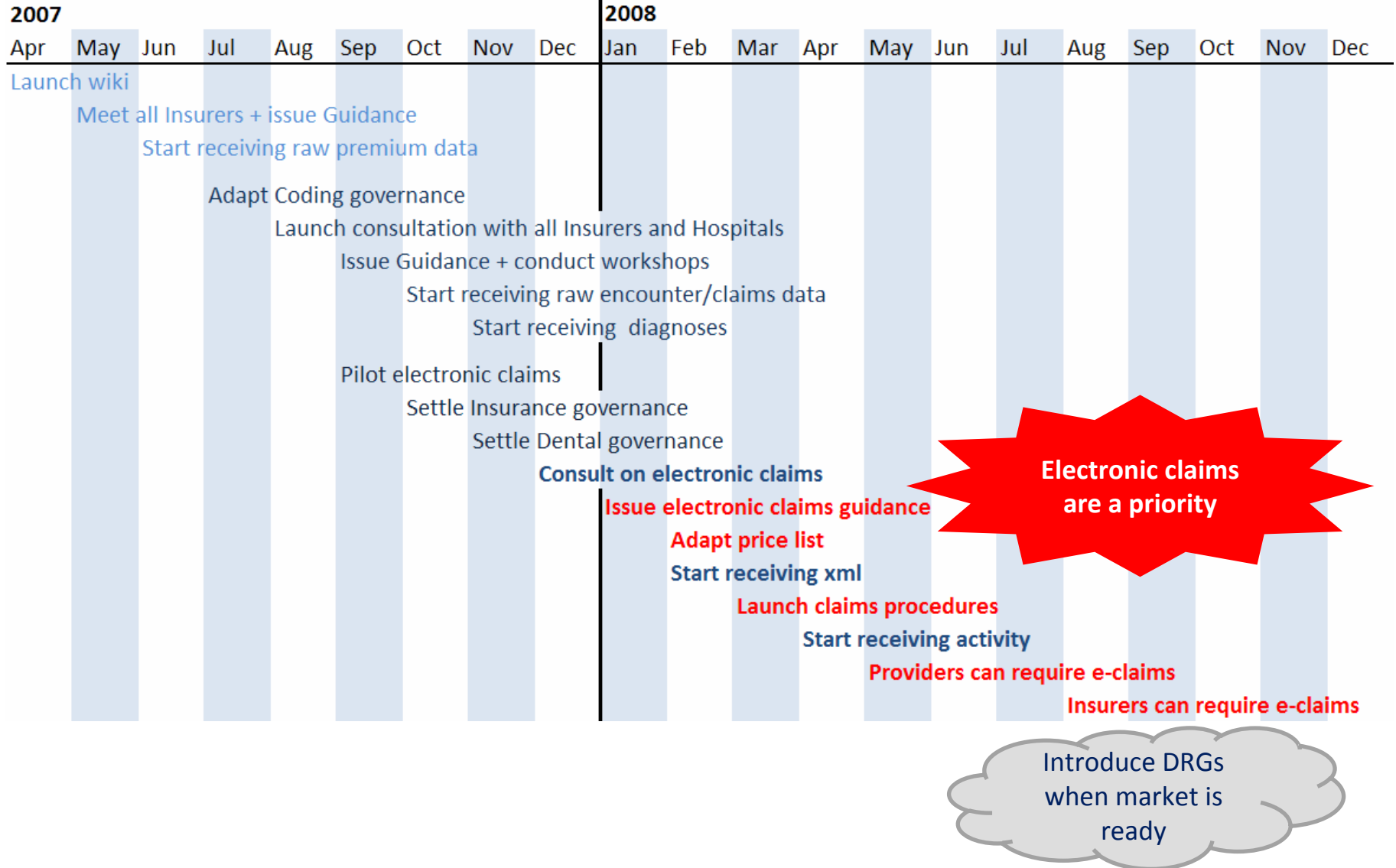
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# Overall timeline for e-claims project





## Basic principles ...

### Outpatient

- CPTs/Fee-for-service
- Relative weights for missing items

### Inpatient surgical

- CPTs/ packages with LOS limits
- Per diems for LOS extensions

### Inpatient medical

- Per diems depending on LOS categories

### Others

- CDA
- HCPCS
- MoH drug codes



# ... as discussed previously

## Service codes

The overwhelming majority of currently billable activities is uniquely defined by a CPT, Drug or Dental code. There are cases, however, when a CPT, Drug or Dental code does not uniquely define what price should be charged. Examples of this include

- Per diem rates for medical inpatients, related to groups of diagnoses
- Per diem rates for surgical procedures, for extended lengths of stay
- Per diem surcharges for use of intensive care
- Generic codes for as yet undefined activities

HAAD will maintain a comprehensive list of such service codes, the use of which is mandatory. Payers need to request addition of their own specific services on to this list of service codes, if not already covered. Addition requests need to be made from Health System Financing. Payers will need to demonstrate that these services cannot be unambiguously represented by a CPT, Drug, Dental, HCPCS or existing Service code. The definitive list of service codes is available from [www.haad.ae/DataDictionary](http://www.haad.ae/DataDictionary) and has the following illustrative structure

Activity.Type	Activity.Code	Activity.Description
10 (Service)	001	Medical per diem category A
10 (Service)	002	Medical per diem category B
10 (Service)	003	Medical per diem category C
10 (Service)	004	Medical per diem category D
10 (Service)	005	Surgical per diem for extensions, category A
10 (Service)	006	Surgical per diem for extensions, category B
10 (Service)	007	Surgical per diem for extensions, category C
10 (Service)	008	Surgical per diem for extensions, category D
10 (Service)	009	ICU service surcharge
10 (Service)	010	Generic codes for as yet undefined services

*Note* / The codes are independent of the prices agreed between Payers and Providers. It may be the case that two insurers contract with the same provider using exactly the same codes, but do not reimburse the same rate for any single billable item.

*Note* | The price list agreed between a Payer and Provider can be represented in a table, which simplistically and illustratively could look as follows

Activity.Type	Activity.Code	Activity.Description	Agreed Price	[Category]
1 (CPT)	22.12	Toe nail extraction	200	Surgical A
1 (CPT)	24.56	Hernia procedure	500	Surgical C
...				
2 (Drug)	12-429-22-22	Lamisil 20 mg,	15	
...				
10 (Service)	001	Medical per diem category A	700	
10 (Service)	002	Medical per diem category B	900	
...				

*Note* | In the case of per diem rates for medical inpatients, every single diagnosis is related to a particular per diem category. For specificity, an additional table would need to be agreed, linking particular diagnoses to Medical per diem categories. This could be represented simplistically and illustratively as follows

Diagnosis.Code	Related service code
720.22	Medical per diem category A
740	Medical per diem category B
...	

*Note* | There may be cases, when a Provider performs an activity, for which no appropriate code exists. In such cases, the following provisions apply, in the absence of an explicit agreement between Payer and Provider to the contrary. The Provider

- Identifies the activity code that is most closely related to the activity actually performed
- Reports this identified activity code on the Claim as an activity without a chargeable amount (Activity.Net is blank)
- Claims the activity "Generic code for as yet undefined services" (or equivalent) and charges the amount that would be charged for the most closely related activity to the activity actually performed.



# Example 1 – Basic claim outpatient

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**Al Ain Hospital ( H 7 )**  
PATIENT BILL

Document ID AHOUTPATIENT  
Patient MRN [REDACTED]  
Patient Name [REDACTED]  
Visit No VAHI12176  
Visit Date 9-Dec-07  
Insurance ID 00725187  
Exp Date 6-Jun-08  
Claim No. 60363  
Pre-Auth. No. 0/0  
Insurance Plan AD-I/O

Invoice No AHOP189940  
Visit Date 9-Dec-07  
Doctor\_ID  
Doctor Name  
Specialty  
  
Patient Category No  
Emergency  
  
Invoice Type CONSULTATION

Services	Description	Publish Price	UOFM	Quantity	Unit Price	Tot
99204	Consultant Fee- OPD	200.00	EACH	1.00	100.00	100.00

Discount 0.00  
Invoice Amount 100.00  
Co Payment 30.00  
Net Amount 70.00

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**Al Ain Hospital ( H 7 )**  
PATIENT BILL

Document ID AHOUTPATIENT  
Patient MRN [REDACTED]  
Patient Name [REDACTED]  
Visit No VAHI12176  
Visit Date 9-Dec-07  
Insurance ID 00725187  
Exp Date 6-Jun-08  
Claim No. 60363  
Pre-Auth. No. 0/0  
Insurance Plan AD-I/O

**\*AED 190\***

Invoice No AHOP190105  
Visit Date 9-Dec-07  
Doctor\_ID  
Doctor Name  
Specialty  
  
Patient Category No  
Emergency  
  
Invoice Type LAB

Services	Description	Publish Price	UOFM	Quantity	Unit Price	Total
81025	Pregnancy test	38.40	EACH	1.00	19.20	19.20

Discount 0.00  
Invoice Amount 19.20  
Co Payment 10.00  
Net Amount 9.20

User ID ah\_hassan

- What is the diagnosis?
  - infiltrating abdominal pain
  - ICD9 CM 789.00
  
- What was done?
  - Consultation (new patient) 45 min
  - CPT 99204
  - List price old: 200 AED
  - List price new: 200 AED
  - Discount basic: 50%
  - Invoice amount 100 AED
  
  - Pregnancy test
  - CPT 81025
  - List price 38.40 AED (old = new)
  - Discount basic 50%
  - Invoice amount 19.20 AED



# Example 2 – Claim inpatient medical

الهيئة العامة للخدمات الصحية  
إمارة أبوظبي  
General Authority for Health Services  
for the Emirate of Abu Dhabi

**PATIENT DISCHARGE SUMMARY SHEET**  
TO BE COMPLETED AND GIVEN TO ALL  
PATIENTS AT TIME OF DISCHARGE.

OPD  
 IPD

Admission Date & Time: 16/12/07  
Admission No.:  
Admitting Doctor: Dr. Alfaraj  
Discharge Date & Time: 19/12/07 at 03:30  
Consultant: Dr. Alfaraj  
Admitting Ward: 18 (B)  
Discharged From (Ward): 18 (B)

**FINAL DIAGNOSIS:** (Most responsible for LOS)  
Rt submandibular lymph node swelling ICD CODES  
for gastric aspirate.

**HISTORY:** H/o of Rt. submandibular lymph node swelling for last 2 months.

**EXAMINATION:** Recd 6 courses of Antibiotics over 2mo. firm submandibular lymph node - 5x6cm firm, non-tender.

**INVESTIGATIONS:** No other lymphadenopathy. No hepatosplenomegaly.

**HOSPITAL COURSE:** Unresponsive, PPO - 10mm gastric aspirate x3 samples sent for A/B.

**CONDITION AT DISCHARGE:** Oral Co-trimoxazole 500mg/100mg bid, 86.01/100ml. Discharged on Oral Con.

**RECOMMENDATIONS:** Pt to be reviewed on 22/12/07 in OPD. Pt to be reviewed on 26/12/07 in BC.

**FOLLOW UP ARRANGEMENTS:** for consideration of excision biopsy.

Signature Ward Doctor: [Signature]  
Signature Consultant: [Signature]

- What is the diagnosis?
  - Enlargement of lymph node
  - ICD9 CM 785.6
- What was done?
  - Pure medical case, no surgery performed despite authorization for biopsy
- What should have been charged?
  - Medical per diem service code 2.1
  - 2000 AED per diem x 3 = 6000 AED (minus applicable discount)
  - Old = new

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**PATIENT BILL**

Document ID: AHINPATIENT  
Patient MRN: [Redacted]  
Patient Name: [Redacted]  
Visit No: AAH006299  
Admission Date: 16-Dec-07  
Insurance ID: 00127304  
Exp Date: 25-Jul-08  
Claim No.:  
Pre-Auth. No.: 1,070,617/142,107  
Insurance Plan: UAE-50

**\*AHIFORGE\***  
Invoice No: AHIP014046  
Request Date: 16-Dec-07  
Doctor\_ID:  
Doctor Name:  
Specialty:  
Discharge Date: 19-Dec-07  
Patient Category:  
Admitted Through: No  
Emergency:  
Invoice Type: DERMATOLOGY

16-Dec-07

Services	Description	Publish Price	UOFM	Quantity
86.01	Aspiration of skin and subcutaneous tissue. A	3,000.00	EACH	1.00
LOS2	86.01- EXTRA CHARGES	400.00	EACH	2.00

Discount  
Invoice Amount  
Co Payment  
Net Amount

User ID: ah\_chani



# Example 3 – Claim inpatient surgical

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**Al Ain Hospital ( H / )**  
PATIENT BILL

Document ID	AHINPATIENT	Invoice No	AHIP013705
Patient MRN	[REDACTED]	Request Date	5-Dec-07
Patient Name	[REDACTED]	Doctor_ID	
Visit No	AAXH006066	Doctor Name	
Admission Date	5-Dec-07	Specialty	
Insurance ID	00078791	Discharge Date	6-Dec-07
Exp Date	29-Jul-08	Patient Category	
Claim No.		Admitted Through	No
Pre-Auth. No.	979,123/131,249	Emergency	
Insurance Plan	UAE-50	Invoice Type	DERMATOLOGY

5-Dec-07

Services	Description	Publish Price	UOFM	Quantity	
86.30	Other local excision or destruction of lesion c	3,000.00	EACH	1.00	[REDACTED]

Discount	[REDACTED]
Invoice Amount	[REDACTED]
Co Payment	[REDACTED]
Net Amount	[REDACTED]

User ID ah\_mihamdani

- What is the diagnosis?
  - lipoma
  - ICD9 CM 214.8
- What was done?
  - Biopsy of soft tissue forearm
  - ICD 9 procedure code 83.21 (not 86.30 as claimed)
  - CPT code 25065
  - LOS restriction 1 day
  - Actual stay 1 day
  - Published price (old = new) 2000 AED (instead of 3000 AED billed)

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# The list





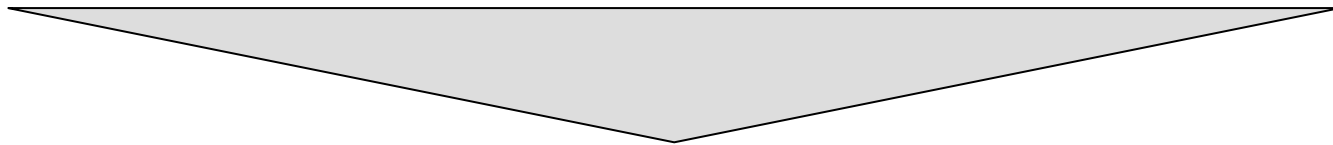
# What does it mean for you?

- Code all activity
  - Procedures (CPT)
  - Diagnoses (ICD 9 CM)
  
- For existing price lists for enhanced products
  - Map existing lists to standard service codes using systematic described ... or ...
  - Adapt HAAD price list and negotiate based on that



## Next steps

- Time period to point out factual errors and translation mistakes until March 20, 2008
- Publication afterwards with binding character for basic product pricing
- Clear necessity to adhere to new structure for implementation of electronic claims processing



- Let's get this done before we talk about changing prices
  - APC/RVU based system for outpatients
  - DRG based system for inpatients

# Questions?

