Alternate Care Coding Systems

In addition to the ICD-9-CM, HCPCS level II national, and CPT coding systems, health care providers routinely classify diagnoses and procedures using the following alternate care coding systems:

- **Alternative Billing Codes** (ABC codes)
- **Clinical Care Classification System** (CCC)
- **Current Dental Terminology** (CDT)
- **Diagnostic and Statistical Manual of Mental Disorders** (DSM)
- **Health Insurance Prospective Payment System** (HIPPS) Rate Codes
- **International Classification of Diseases for Oncology, third edition** (ICD-O-3)
- **International Classification of Functioning, Disability and Health** (ICF)
- **National Drug Codes** (NDC)

**Alternative Billing Codes (ABC CODES)**

The **Alternative Billing Codes** (ABC codes) classify services not included in the CPT manual to describe the service, supply, or therapy provided; they may also be assigned to report nursing services and alternative medicine professions. Codes are five characters in length, consisting of letters, and are supplemented by two-digit code modifiers to identify the practitioner performing the service.

HIPAA authorized the Secretary of DHHS to permit exceptions from HIPAA transaction and code set standards to commercialize and evaluate proposed modifications to those standards. The ABC code set was granted that exception in 2003, and the codes were being commercialized and evaluated through 2005. The intent was for ABC codes to be adopted as part of the electronic code set (as HCPCS level I and level II were in 2000); however, ABC codes were not adopted.

**EXAMPLE:** During an office visit, an acupuncture physician assessed the health status of a new client and developed a treatment plan, a process that took 45 minutes. ABC code ACAAC-1C is assigned. (The office visit is coded as ACAAC, and the acupuncture physician is assigned modifier 1C.)

**Clinical Care Classification System (CCC)**

The **Clinical Care Classification System** (CCC) provides a new standardized framework and a unique coding structure for assessing, documenting, and classifying home health and ambulatory care. Previously called the **Home Health Care Classification System** (HHCC), CCC consists of two interrelated taxonomies:

- **CCC of Nursing Diagnoses**
- **CCC of Nursing Interventions**

CCC classifies 21 care components that represent the functional, health, behavioral, physiological, and psychological patterns of patient care. The 21 care components serve as a standardized framework...
for mapping and linking the two interrelated CCC taxonomies to each other and to other health-related classifications. They are used to track and measure patient/client care holistically over time, across settings, population groups, and geographic locations.

  **EXAMPLE:** A 73-year-old female patient was discharged from the hospital after treatment for acute myocardial infarction. Patient presents today for the first of 18 scheduled outpatient cardiac rehabilitation sessions. CCC code C08.1 (cardiac rehabilitation) is assigned.

**Current Dental Terminology (CDT)**

The *Current Dental Terminology* (CDT) is published by the American Dental Association (ADA) as an annual revision. It classifies dental procedures and services. Dental providers and ambulatory care settings use the CDT to report procedures and services. CDT codes are also included in HCPCS level II, beginning with the first digit of D. The CDT also includes the Code on Dental Procedures and Nomenclature (Code), instructions for use of the Code, questions and answers, ADA dental claim form completion instructions, and tooth numbering systems.

  **EXAMPLE:** Patient underwent incision and drainage of intraoral soft tissue abscess. CDT code D7510 is assigned.

**Diagnostic and Statistical Manual of Mental Disorders (DSM)**

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is published by the American Psychiatric Association as a standard classification of mental disorders used by mental health professionals in the United States. The first edition of DSM was published in 1952, and subsequent revisions have been published as:

- DSM-II (1968).
- DSM-III (1980).
- DSM-IV-TR (2000). (This includes a text revision to correct DSM-IV errors, the updating of codes according to ICD-9-CM annual revisions, and so on.)
- DSM-V (expected in 2012)

Based on ICD-9-CM, the DMS is designed for use in a variety of health care settings and consists of three major components:

- Diagnostic classification
- Diagnostic criteria sets
- Descriptive text

  DSM is a multiaxial classification that allows for the collection and classification of information as:

- Axis I (mental disorders or illnesses, such as substance abuse).
- Axis II (personality disorders or traits, such as mental retardation).
- Axis III (general medical illnesses, such as hypertension).
- Axis IV (life events or problems, such as divorce).
- Axis V (global assessment of functioning, or GAF, such as occupational).
EXAMPLE: A patient is admitted to the hospital with the diagnosis of agoraphobia with panic attacks. The 38-year-old female also has the diagnosis of hypertension and diabetes mellitus. The patient has an avoidant personality disorder as well, as a result of the agoraphobia. After extensive therapy, the clinician has decided that the patient may be discharged. The clinician believed that the patient’s condition could have been attributed to her recent divorce and the death of a close relative. He thinks that her anticipated level of functioning will be quite poor, as in the past year she has had trouble in social and occupational functioning. DSM codes are assigned as follows:

- Axis I: Agoraphobia with panic attacks; 300.21
- Axis II: Avoidant personality disorder; 301.82
- Axis III: Hypertension; 401.9 and diabetes mellitus; 250.00
- Axis IV: Recent divorce and death of close relative
- Axis V: Poor

Health Insurance Prospective Payment System (HIPPS) Rate Codes

The Health Insurance Prospective Payment System (HIPPS) rate codes are alphanumeric codes consisting of five digits. Each HIPPS code contains intelligence, with certain positions of the code indicating the case-mix group itself and other positions providing additional information (e.g., information about the clinical assessment used to arrive at the code). HIPPS was created as part of the prospective payment system for skilled nursing facilities in 1998. Additional HIPPS codes were created for other prospective payment systems, including a system for home health agencies in October 2000, and one for inpatient rehabilitation facilities in January 2002. The HIPPS represents specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. HIPPS codes are not assigned from a coding manual; they are created when information for a data set is entered into software.

EXAMPLE: The home health prospective payment system (HHPPS) requires entry of the Outcome and Assessment Information Set (OASIS) data set into grouper software, which generates the five-digit alphanumeric HIPPS code that is entered on the UB-04 claim. For example, HIPPS code HAEJ1 is entered on the UB-04 claim.

International Classification of Diseases for Oncology, Third Edition (ICD-O-3)

The International Classification of Diseases for Oncology, Third Edition (ICD-O-3) was implemented in 2001. (The first edition of ICD-O was published in 1976, and a revision of topography codes was published in 1990.) ICD-O-3 codes classify a tumor in the following way:

- Primary site (four-character topography code).
- Morphology (six-character code).
  - Four-digit histology (cell type) code
  - One-digit behavior code (such as malignant, benign, and so on)
  - One-digit aggression code (differentiation or grade)

EXAMPLE: Fibrosarcoma of the left knee. ICD-O-3 codes C49.2 (Knee, NOS) and M8810/39 (Fibrosarcoma, NOS) are assigned.
International Classification of Functioning, Disability and Health (ICF)

The International Classification of Functioning, Disability and Health (ICF) classifies health and health-related domains that describe body functions and structures, activities, and participation. (The ICF was originally published as the International Classification of Injuries, Disabilities, and Handicaps (ICIDH) in 1980.) The ICF complements ICD-10, looking beyond mortality and disease.

**EXAMPLE:** A trauma patient is evaluated two years after the initial injury, and the physician determines that the patient has a severe impairment in mental function as well as a severe impairment of the upper extremity. The patient experiences moderate difficulty in bathing without the use of assistive devices. Products for education are a moderate barrier for this patient. The following ICF codes are assigned:

- b175.3 (severe impairment in mental function)
- s730.3 (severe impairment of the upper extremity)
- a5101.2 (moderate difficulty bathing without use of assistive devices)
- e145.2 (products for education are a moderate barrier)

National Drug Codes (NDC)

The National Drug Codes (NDC) is published by a variety of vendors, and the coding system is in the public domain. It is managed by the Food and Drug Administration (FDA) and was originally established as part of an out-of-hospital drug reimbursement program under Medicare Services as a universal product identifier for human drugs. The current edition is limited to prescription drugs and a few selected over-the-counter (OTC) products. Pharmacies use NDC to report transactions, and some health care professionals also report NDC on claims.

**EXAMPLE:** Aspirin tablets, 800 milligrams, is assigned NDC code 64125-*106-01. (There are many different NDC codes for aspirin, depending on dosage, manufacturer, and so on.)

Internet Link

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