



Medicaid Information Technology System

**State & Local Government Solutions
Medicaid Information Technology System (MITS)**

Benefit Classification Participant Guide

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Course Overview

Overview

The goal of this course is to provide you with the skills required to perform tasks associated with benefit classifications.

Objective(s)

After completing this course you should be able to:

- Navigate to the Benefit Classification panel
- Describe the components of benefit classification
- Describe the structure of benefit classification
- Differentiate between a standard benefit classification and a custom benefit classification
- Add a benefit classification
- Update a benefit classification
- Delete a benefit classification
- Describe the purpose and goal of the Medical Classification Engine (MCE) tool
- Recognize the MCE tool process flow

Agenda

Topic	Time in Minutes
Welcome and Introductions	10
Course Overview	5
Introduction to Benefit Classification	60
Break	15
Maintaining Benefit Classifications	90
Introduction to Medical Classification Engine	20
Review	10

Prerequisites

Before taking this course, you must complete the following course:

BPA Overview e-learning

Introduction to Benefit Classification

Overview

In this topic you learn:

- What a benefit classification is
- How to access the Benefit Classification panel in MITS
- The descriptions of each of the six benefit types
- The difference between the standard benefit classification and custom benefit classifications
- How the benefit classifications are organized in a tree structure

What Are Benefit Classifications?

Benefit classifications enable claims processing. They may include the following six benefit types. These are known as the **standard** benefit classification and they are the default benefit classification for each benefit type.

- 1) Health Common Procedure Coding System (HCPCS) Procedure Codes
- 2) Drugs or National Drug Codes (NDCs)
- 3) Diagnosis Related Groups (DRGs)
- 4) Revenue Codes
- 5) International Classification of Diseases–9th Revision–Clinical Modification (ICD-9-CM) Surgical Procedure Codes
- 6) ICD-9-CM Diagnosis Codes

Benefit classifications group services in order to minimize the number of coverage, billing, or reimbursement rules created at the benefit code level.

The benefit classification structure uses resources published by the Centers for Medicare and Medicaid Services (CMS). These resources may include the American Medical Association, the American Dental Association, Centers for Disease Control and Prevention, Health and Human Services, and Food and Drug Administration.

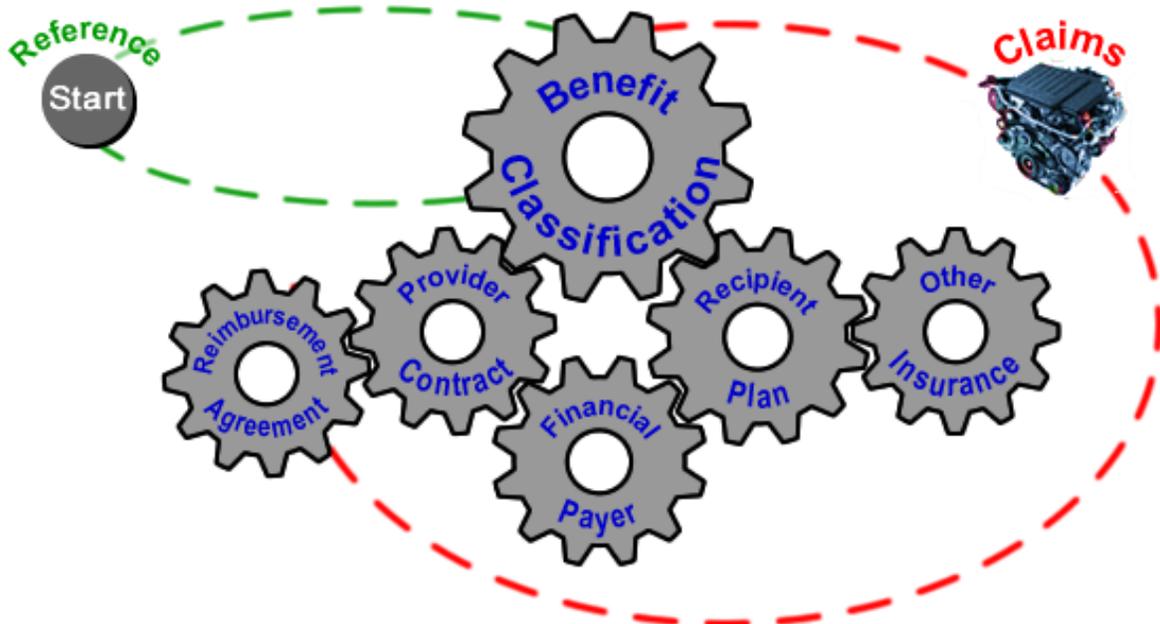
The standard benefit classification was preloaded during implementation using a tool called the Medical Classification Engine (MCE) tool. The MCE tool loads all the National codes—those codes contained in current medical service data from files or publications obtained from industry or government—and organizes the codes in a medically recognized manner (see 1-6 above).

It is sometimes necessary to create a **custom** classification of services in place of the standard benefit classification. For example, a provider contract may be needed that covers only a limited number of waiver services. In this case, it would be prudent to create a new benefit classification specifically for the waiver contract that contains only those services covered under the waiver. You can then set a high-level rule to cover all the services under the classification, rather than creating separate rules on each of the individual codes within the standard classification.



Benefit classifications must be established before rules can be created. After a benefit classification has been selected for a provider contract, recipient plan, or reimbursement agreement and the rules are entered, the classification cannot be changed and all rules must be authored on the same benefit classification.

This graphic shows the Benefit Plan Administration (BPA) components in the medical classification and how benefit classification fits in with the components.



Benefit Classifications and MITS

The primary purpose of the Benefit Classification panel in MITS is to view, add, update, and delete benefit classifications.

The following image illustrates the Benefit Classification panel, and the descriptions correspond to the numbered items on the image.

- 1) Shows you that **Benefit Administration** was selected from the **Reference** system on the MITS main menu.
- 2) The **Benefit Classification** link is selected.
- 3) When you first access the Benefit Classification panel, you see a listing of benefit classifications. All the benefit classifications within MITS are custom classifications, except for the standard (STD) classification.

The screenshot shows the Ohio.gov Medicaid Information Technology System interface. The top navigation bar includes links for Home, Claims, Drug, EDI, Healthcek, Financial, Managed Care, MAR, Prior Authorization, Provider, Recipient, Reference, RetroDUR, TPL, and Security. The 'Reference' menu is expanded, showing 'Benefit Administration' selected. The 'Benefit Administration' sub-menu is also expanded, with 'Benefit Classification' selected. The main content area displays a list of benefit classifications with columns for Code and Name. The list includes: AMBL (Ambulance Contract), ANES (Anesthesia Contract), APN (Adv Nurse Practition), ASCC (ASC Contract), ASLV (Assisted Living WV), CBCL (Transportation), CHIR (Chiropractic Svcs), CHOI (Choices Waiver), CMH (Comm MH Contract), and DMA (Disabil Med Assist). The interface also includes search and filter options at the bottom.

Benefit Classifications and Ohio Policy

The following list explains how benefit classifications are designed to comply with Ohio Health Plans (OHP) policy:

- Services are grouped in order to minimize the number of rules (coverage, billing, or reimbursement) created at the benefit code level.
- Classifications prevent the creation of complex layers of rules on individual benefit codes.
- Classifications make it easier to implement new policies.
- Classifications make it easier to modify existing policies.

Standard Benefit Classification Components

When you first access the Benefit Classification panel in MITS you see a list of benefit classifications, as shown below. All the benefit classifications within MITS are custom classifications, except for the standard (STD) classification. You access the standard benefit classifications in MITS by either typing **STD** in the Code field and clicking **search**, or by clicking through the page numbers and locating **STD Standard**.

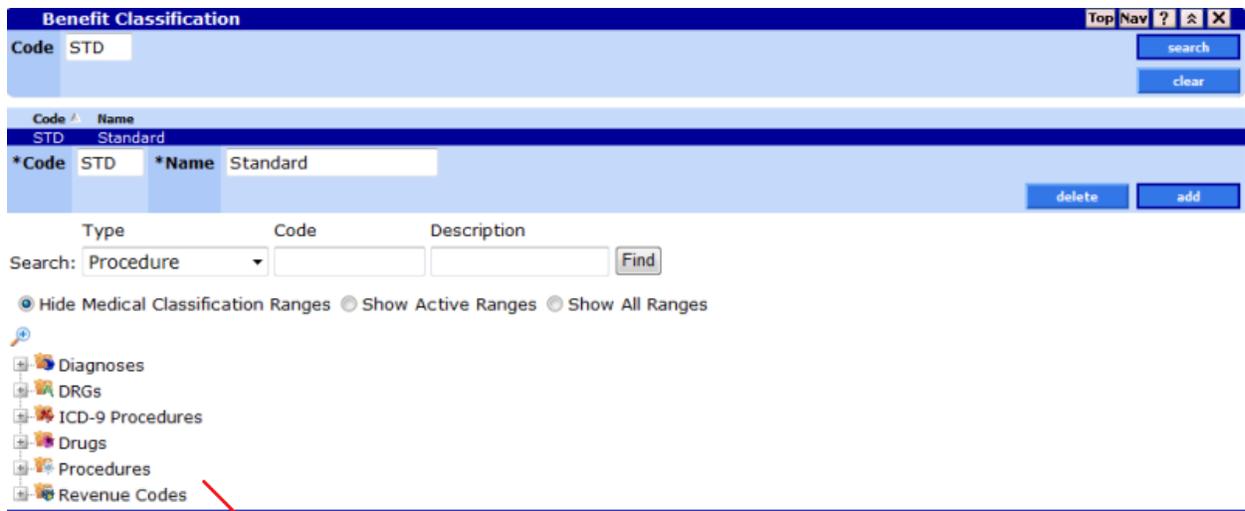
Standard Search Button

The screenshot shows the 'Benefit Classification' interface. At the top, there is a 'Code' field containing 'STD' and a 'search' button. Below this is a table of benefit classifications:

Code	Name
AMBL	Ambulance Contract
ANES	Anesthesia Contract
APN	Adv Nurse Practition
ASCC	ASC Contract
ASLV	Assisted Living WV
CBCL	Transportation
CHIR	Chiropractic Svcs
CHOI	Choices Waiver
CMH	Comm MH Contract
DMA	Disabil Med Assist

Below the table is a pagination control: '1 2 3 4 5 Next >'. At the bottom, there is a search form with fields for 'Code', 'Name', and 'Description', and a 'Find' button.

The six benefit types within the standard benefit classification display. Notice that each benefit type is preceded by an icon. These icons are explained in the table below.

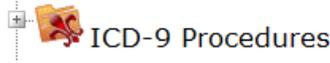


The six benefit types within standard benefit classification

The following table contains three columns:

- The first column gives you the name of the standard benefit classification component and shows you the MITS icon that represents the component.
- The second column shows you just the icon assigned to that particular component's code level in MITS. These icons display at the benefit code level and their purpose is to identify the different code levels. These icons are especially helpful when you have multiple benefit codes open on your screen at the same time.
- The third column gives you a description of the standard benefit classification component.

Standard Benefit Classification Component	Standard Benefit Classification Icon	Description
ICD-9-CM Diagnosis Codes  Diagnoses		The diagnosis coding structure uses the International Classification of Disease – Ninth Revision, Clinical Modification (ICD-9-CM). ICD-9-CM enables providers to document the medical condition, symptom or complaint, which is the base for rendering a specific service. Diagnosis codes consist of three-five digits, numeric or alphanumeric, and are used to describe the following conditions: <ul style="list-style-type: none"> • Diseases • Injuries • Impairments

Standard Benefit Classification Component	Standard Benefit Classification Icon	Description
		<ul style="list-style-type: none"> Other health-related problems and their manifestations
Diagnosis Related Groups (DRGs)  DRGs		<p>Diagnosis Related Groups (DRGs) are used nationwide for the payment of inpatient hospital care and are designed to categorize patients who are medically related with respect to diagnoses and treatment, and who are statistically similar in their lengths of stay.</p> <p>In claims processing, DRGs are used as the basis for the analysis and prospective payment of inpatient claims where patients are grouped according to diagnosis, age, discharge status, and other relevant criteria such as ICD-9-CM surgical procedures performed.</p> <p>DRGs are three-digit numeric codes and are implemented annually, at the beginning of each federal fiscal year on October 1. New DRG weights and rates are implemented along with a new version of the DRG grouper.</p>
ICD-9-CM Surgical Procedure Codes  ICD-9 Procedures		<p>ICD surgical procedure codes are used for inpatient hospital billing to identify the therapeutic, diagnostic, and preventive procedures provided to hospitalized patients.</p> <p>Surgical procedure codes consist of three- or four-digit codes used in the assignment of a Diagnosis Related Group (DRG) for inpatient claims.</p>
Drugs or National Drug Codes (NDCs)  Drugs		<p>The coding structure for identifying drugs and biologics is the National Drug Code (NDC). An NDC number is an 11-digit number assigned by the Food and Drug Administration (FDA) that uniquely describes a product and its packaging. NDC codes are based on the following three numbers:</p> <ul style="list-style-type: none"> Labeler (manufacturer) code

Standard Benefit Classification Component	Standard Benefit Classification Icon	Description
		<ul style="list-style-type: none"> • Product code • Package code <p>Note: Currently, drugs are handled outside of MITS.</p>
HCPCS Procedure Codes  Procedures		<p>Procedure (HCPCS and Current Procedural Terminology, Fourth Edition (CPT-4)) codes are a collection of codes and descriptors that represent procedures, supplies, products, and services.</p> <p>The procedure codes are divided into two levels:</p> <ul style="list-style-type: none"> • Level 1 = Five-digit numeric codes representing physician services • Level 2 = Five-digit alphanumeric codes representing items and non-physician services not covered in the Level 1 codes (includes D-series codes and descriptors)
Revenue Codes  Revenue Codes		<p>Revenue codes are used in processing claims for long-term care facilities, and for hospital inpatient and outpatient services reported on the UB-92, CMS 1450 billing form. Note: These codes are not used by doctors or other practitioners.</p> <p>The four-digit numeric revenue codes identify specific accommodations, such as a private room or medical or surgical unit, and ancillary charges organized by a cost or revenue center within healthcare facilities.</p>

Custom Benefit Classification Components

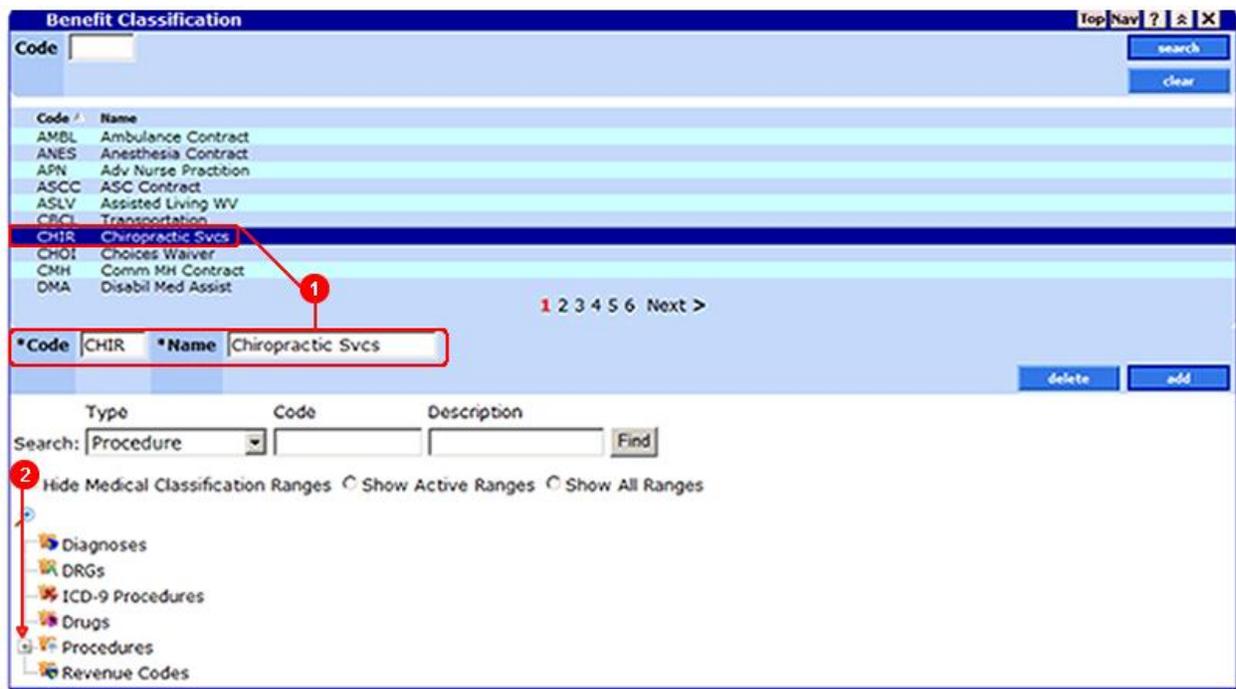
Custom benefit classifications may be based off a subset of the standard classification. You create custom benefit classifications when it is necessary to create a special benefit classification of services in place of the standard benefit classification. These custom benefit classifications would be used only for situations where the standard benefit classification is not applicable to the policy or directive.

The following three images illustrate the custom Chiropractic benefit classification.

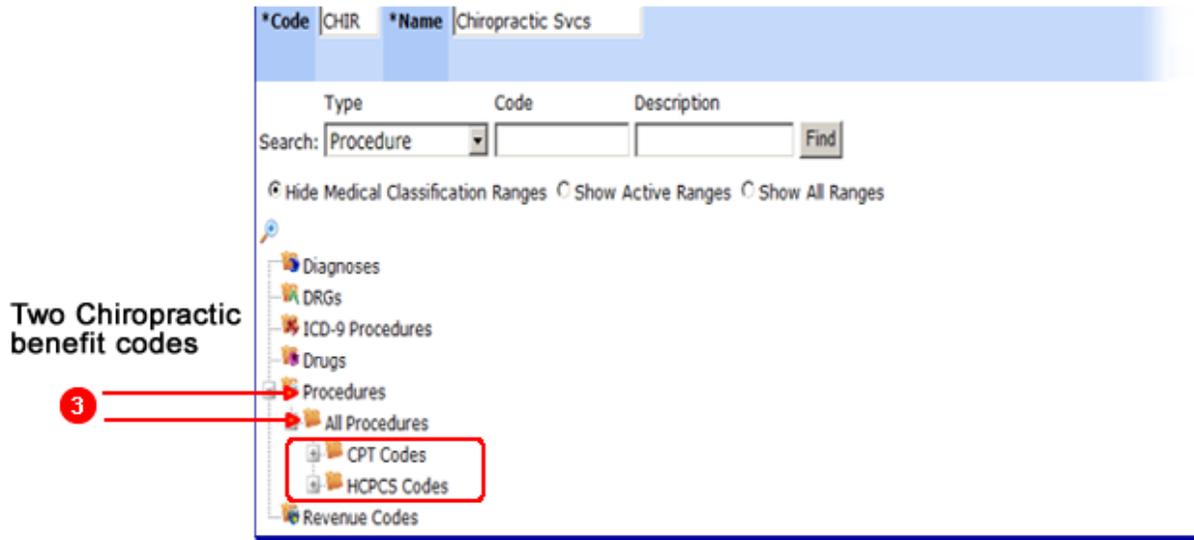
In this example, a provider contract is needed that covers only a limited number of chiropractic services. In this case, you want each provider type to have the same benefit classification and to display only those benefit codes that cover the limited classification. These benefit codes are standard codes, but they display only the codes that apply to chiropractic providers.

The following descriptions correspond to the numbered items on the image.

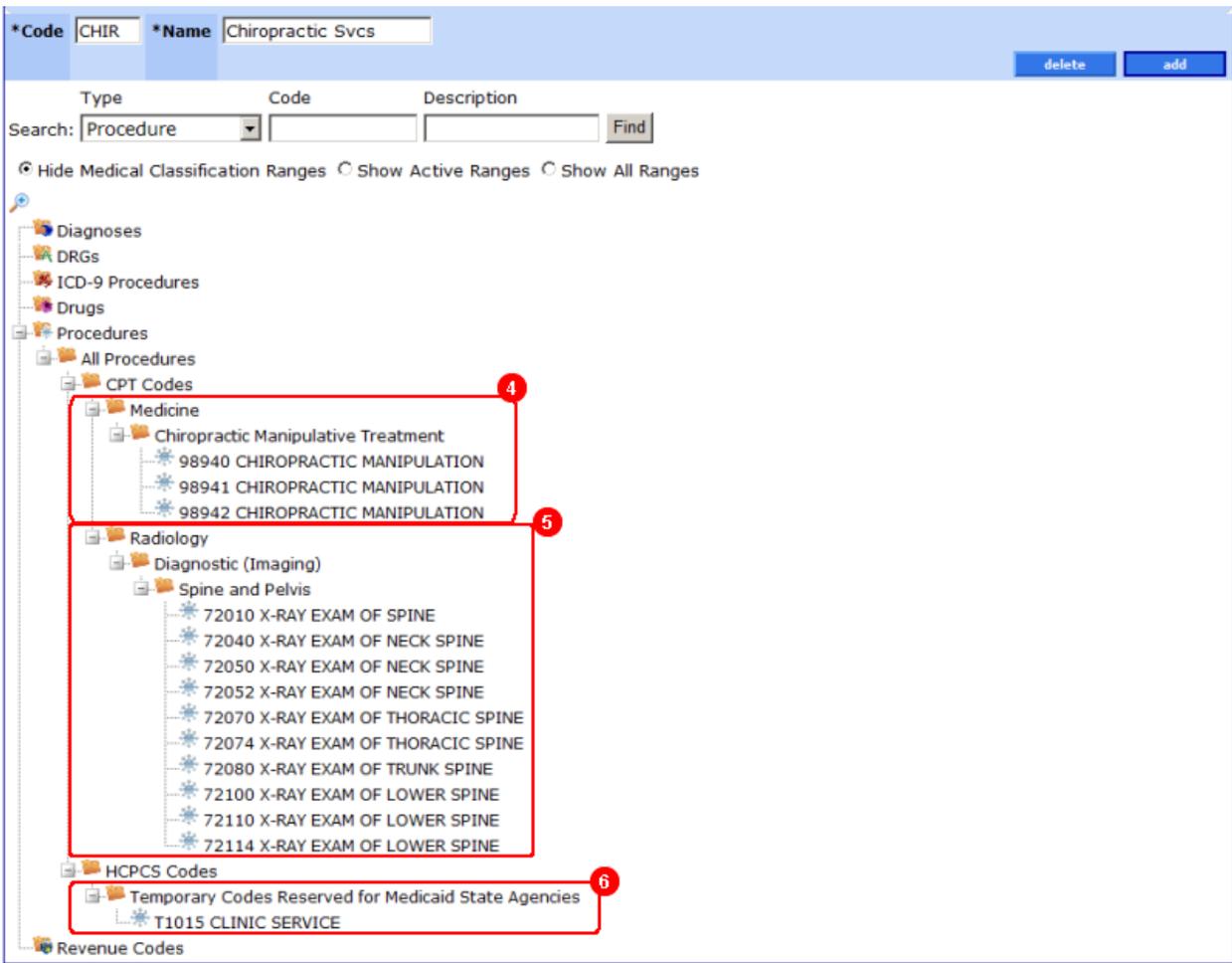
- 1) Click to select the **CHIR Chiropractic Svcs** link. The CHIR code appears in the Code field, and Chiropractic Svcs appears in the Name field.
- 2) You see the list of the six benefit types, but only the Procedures benefit classification contains a plus sign in front of it. This tells you that there are customized procedures that relate to chiropractic services. The rest of the benefit types are standard.



- 3) Click the plus sign in front of **Procedures**, and then click the plus sign in front of **All Procedures**. You see only two Chiropractic benefit code levels displayed—one for CPT, and one for HCPCS.



- 4) Now, drill down by clicking the plus signs in front of **CPT Codes**, **Medicine**, and **Chiropractic Manipulative Treatment**. You see there are only three benefit codes.
- 5) Drill down through **Radiology**, and you see that there are only benefit codes for x-rays of the spine and pelvis.
- 6) Drill down through the **HCPCS Codes** and you see a benefit code for clinic service. Note that all of these benefit codes are standard benefit codes, but have been pulled from the list of standard benefit codes and customized for chiropractic services.



Benefit Classifications Structure

The benefit classification components are grouped in a tree structure, and represent the organizational structure of benefit groups and services that the recipients may receive, and the providers may bill for in the Ohio MITS program. There are six standard benefit types (components): Diagnoses, DRGs, ICD-9 Procedures, Drugs, Procedures, and Revenue Codes.

Benefit Classification Tree Structure

The following image illustrates the benefit classification tree structure for the standard Procedures benefit type. In the benefit classification tree structure, every benefit code has exactly one path from the top of the tree to the bottom, and rules can be written at any level in this tree.

For example, the Procedures benefit type traverses down to the All Procedures level, then to CPT, Medicine, Cardiovascular, Cardiac Catheterization, Repair of Septal Defect, and finally to the benefit code of **93501 Right Heart Catheterization**.

The screenshot displays the Ohio MITS interface for the 'Standard' benefit type. At the top, the '*Code' field is set to 'STD' and the '*Name' field is set to 'Standard'. Below this, there is a search bar with 'Procedure' selected in the dropdown, and two empty input fields for 'Code' and 'Description', followed by a 'Find' button. Below the search bar are three radio buttons: 'Hide Medical Classification Ranges' (selected), 'Show Active Ranges', and 'Show All Ranges'. The main area shows a tree structure of medical classification categories. The path to the benefit code is highlighted with red arrows: Procedures (selected), All Procedures, CPT, Medicine, Cardiovascular, Cardiac Catheterization, and Repair of Septal Defect. Under 'Repair of Septal Defect', the code '93501 RIGHT HEART CATHETERIZATION' is highlighted and labeled as the 'Benefit Code'. Other codes listed include 93503 INSERT/PLACE HEART CATHETER, 93505 BIOPSY OF HEART LINING, 93508 CATH PLACEMENT, ANGIOGRAPHY, 93509 LEFT HEART CATHETERIZATION, and 93511 LEFT HEART CATHETERIZATION.

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

Benefit classifications include six standard benefit types.

- A. True
- B. False

The standard benefit classification is grouped into a set of benefit types. Which of the following are included?

- A. Diagnoses
- B. DRGs
- C. ICD-9 Procedures
- D. Drugs
- E. Procedures
- F. Revenue Codes
- G. All of the above

You view, add, update, and delete benefit classifications on the Benefit Classification panel in MITS. You access that panel from the _____. On the MITS main menu, select _____, and then select _____.

- A. Reference system, Benefit Administration, Benefit Classification
- B. Reference system, Benefit Classification, Benefit Classification
- C. Reference system, Benefits, Standard Codes
- D. Reference system, Administration, Benefits

Benefit classifications must be established before rules can be created.

- A. True
- B. False

The purpose of the benefit classification icons in MITS is to accomplish what? Select all that apply.

- A. Differentiate the code levels
- B. Identify each of the six benefit types

- C. Help you identify which code level you are at
- D. Make the screen look nice

Custom benefit classifications are based on a subset of the standard benefit classification. You create custom benefit classifications when it is necessary to create a special benefit classification of services in place of the standard benefit classification.

- A. True
- B. False

Summary

In this topic you learned:

- What a benefit classification is
- How to access the Benefit Classification panel in MITS
- The descriptions of each of the six benefit types
- The difference between the standard benefit classification and custom benefit classifications
- How the benefit classifications are organized in a tree structure

Q&A

Maintaining Benefit Classifications

Overview

What

In this topic you learn how to search, view, add, update, and delete a benefit classification.

Who

This task may be performed by a Configuration Analyst with appropriate security access.

When

You perform these tasks when you receive a change request that requires a new benefit classification, or an update to an existing benefit classification.

Relevance

You perform benefit classification tasks whenever you need to search for, view, add, update, or delete a benefit classification in MITS.

Requirements

You must have at least one of the following in order to complete these tasks:

- A policy change request or directive that requires a new benefit classification to be added in MITS
- A change request that requires an update to a benefit classification
- An existing benefit classification (custom) to be deleted

Guidelines

Follow these guidelines to maintain benefit classifications:

- When adding, updating, or deleting anything in the Benefit Plan Administration (BPA) area, you should understand the Reference system.
- You should review the Reference file prior to adding, updating, or deleting any specific policy within the BPA.
- As a Configuration Analyst, you must have the appropriate security role and access to Reference – Benefit Plan Administration.

How To

Follow these steps from the MITS home page to maintain benefit classifications:

Step	Action						
1	Click Reference .						
2	Click Benefit Administration .						
3	Click the Benefit Classification link.						
4	Find an existing benefit classification by following these steps: <table border="1" data-bbox="371 718 1373 976"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Search</td> <td>a. Type the desired benefit classification code (for example, STD) in the Code field. b. Click Search.</td> </tr> <tr> <td>Select from the list</td> <td>Navigate the list using the page numbers and/or Next > page icon.</td> </tr> </tbody> </table>	TO:	THEN:	Search	a. Type the desired benefit classification code (for example, STD) in the Code field. b. Click Search .	Select from the list	Navigate the list using the page numbers and/or Next > page icon.
TO:	THEN:						
Search	a. Type the desired benefit classification code (for example, STD) in the Code field. b. Click Search .						
Select from the list	Navigate the list using the page numbers and/or Next > page icon.						
5	Click to select and view the desired benefit classification.						
6	To add a new benefit classification, follow these steps: <ol style="list-style-type: none"> Click add. Type the new code for the benefit classification in the Code field. Type the new name for the benefit classification in the Name field. Click Save. Customize the new classification by adding the desired benefit types and codes: <ul style="list-style-type: none"> Right-click the benefit type (for example, Procedure, Diagnosis) and select Add Group. After you have all the codes added to the benefit type, you can begin to add rules. <p>Note: You will learn how to add rules in future classes.</p> Click Save. 						

7	To update an existing benefit classification, follow the relevant steps:	
	TO:	THEN:
	Add a group at the benefit category level	<ol style="list-style-type: none"> Right-click at the desired group level. Select Add a Group. When prompted, type the name of the new group you wish to add. Confirm and click OK. Click Save.
	Add benefit codes to a group level	<ol style="list-style-type: none"> Right-click at the desired benefit level. Select Add Benefit. Search for the code with the search field, or navigate the list using the page numbers and the Next > icon. Select the benefit code to be added to the group. Click Save.
	Cut (and paste) a benefit code	<ol style="list-style-type: none"> Right-click at the desired benefit level. Select Cut. Search for the code with the search field, or navigate the list using the page numbers and the Next > icon. Select the benefit code to be cut. Right click the level where you want the benefit to be moved. Select Paste. Click Save.
	Add a range to a group level	<ol style="list-style-type: none"> Right-click at the desired benefit group level. Select Add a range. In the User Prompt window, type code for the beginning of the code range (From). Click OK In the User Prompt window, type the code for the end of the code range (To). Click OK. Click Save.
	Rename a group	<ol style="list-style-type: none"> Right-click at the desired benefit group level. Select Rename Group. In the User Prompt window, type the name of the group in the Group Name field. Click OK. Click Save.
Remove a benefit code at the code level	<ol style="list-style-type: none"> Right-click the benefit code to be removed. Select Remove Benefit. Click OK. Click Save. <p>Note: This deletes the benefit code from MITS.</p>	

	<table border="1"> <tr> <td data-bbox="375 203 727 262"></td> <td data-bbox="727 203 1377 262">Use this option with caution.</td> </tr> <tr> <td data-bbox="375 262 727 539">Add a medical classification range</td> <td data-bbox="727 262 1377 539"> <ol style="list-style-type: none"> a. Select the Show All Ranges radio button. b. Right-click at the desired benefit level. c. Select Add a Medical Classification Range. d. Type the From code (beginning of range). e. Type the To code (end of range). f. Type the Effective date (if different from today). g. Type the End date (if different from the default). h. Click Save. </td> </tr> </table>		Use this option with caution.	Add a medical classification range	<ol style="list-style-type: none"> a. Select the Show All Ranges radio button. b. Right-click at the desired benefit level. c. Select Add a Medical Classification Range. d. Type the From code (beginning of range). e. Type the To code (end of range). f. Type the Effective date (if different from today). g. Type the End date (if different from the default). h. Click Save.
	Use this option with caution.				
Add a medical classification range	<ol style="list-style-type: none"> a. Select the Show All Ranges radio button. b. Right-click at the desired benefit level. c. Select Add a Medical Classification Range. d. Type the From code (beginning of range). e. Type the To code (end of range). f. Type the Effective date (if different from today). g. Type the End date (if different from the default). h. Click Save. 				
8	<p>To delete a benefit classification from MITS, follow these steps:</p> <ol style="list-style-type: none"> a. Search for the benefit classification to be deleted: <ol style="list-style-type: none"> o Type the benefit classification code and click Search. o Navigate to the benefit classification using the page numbers and the Next > icon. b. Click to select the benefit classification you wish to delete. c. Click delete. d. Click Ok. e. Click Save. <p>Caution: Use this option with extreme caution! You don't want to delete benefit classifications that already have rules unless you are sure you want to remove the rules first.</p>				

Success

You have successfully completed these tasks when the appropriate benefit classification data appears in the panel, or when a confirmation message of success displays.

Practice

Practice #1

Search for and view a standard benefit classification using this information:

- Begin in Benefit Classification
- Type the code for standard benefit classification
- Select the correct result

When you complete the practice, you will be able to view the six standard benefit types.

Practice #2

Practice adding a new **custom benefit classification** using this information:

- **Code** - your first, middle, and last initials (for example, JAD)
- **Name** - your first name initial and last name (for example, JDoe)
- Click **Save**.
- Did MITS display the message, *Save was Successful*?
- What kind of benefit classifications do you see?

Now, customize the classification by adding **benefit types and codes** using this information:

- For first benefit type, right-click **Procedures**, select **Add Group**, and then type **All Procedures**
- Right-click **All Procedures**, select **Add Group**, and then type **CPT**
- Right-click **CPT**, select **Add Group**, and then type **Evaluation and Management**
- Right-click **Evaluation and Management**, select **Add Group**, and then type **Acupuncture**
- To add benefit codes and ranges, right-click **Acupuncture**, select **Add Benefit Range**, and then type **97810**
- Click **OK**, and type **97814**, click **OK**
- To add another type, right-click **Evaluation and Management**, select **Add Group**, and then type **Hypnosis**
- To add a benefit code, right-click **Hypnosis**, select **Add Benefit**
- In the **Procedure Code** field, type **90880**, click **Search**, and click **OK**.
- Click to select **Hypnotherapy** benefit code
- Click **Save**.
- Did MITS display the message, *Save was Successful*?

When you complete the practice, you should be able to view the tree structure for your new customized benefit classification for Procedures.

Click **Home** to return to the MITS main menu.

Practice #3

From the MITS main menu:

- Access the **Benefit Classification** panel
- Search for your custom benefit classification
- Update your existing benefit classification using the following information:

Adding a Group at the Benefit Category Level:

- Right-click **Evaluation and Management**
- Select **Add a Group**
- Type **Consultation**
- Right-click **Consultation**
- Select **Add a Group**
- Type **Office Consultation**
- Click **OK**
- **Save**

When you complete the practice, you should be able to see the Consultation group with Office Consultation under it.

Adding Benefit Codes to a Group Level:

- Right-click **Office Consultation**
- Select **Add Benefit**
- Type **99241**, and then search
- Select **benefit code**
- **Save**

When you complete the practice, the benefit code 99241 should be added to Office Consultation.

Cutting and Pasting a Benefit Code:

- Right-click **Hypnotherapy** benefit code (**90880**)
- **Cut**
- Right-click **Acupuncture**, and select **Paste**
- **Save**

When you complete the practice, benefit code 90880 should be moved from Hypnotherapy to Acupuncture.

Adding a Range to a Group Level:

- Right-click **Consultation**
- Select **Add a range**
- Type **99242**, and click **OK**
- Type **99245**, and click **OK**
- **Save**

When you complete the practice, benefit codes in the range of 99242 through 99245 should be added to Consultation.

Renaming a Group:

- Right-click **Consultation**
- Select **Rename Group**
- In the User Prompt window, type **Consultations**
- Click **OK**
- Now change the name back to **Consultation**
- **Save**

When you complete the practice, you should have added an "s" to Consultation and then changed it back to Consultation.

Removing the Benefit Code at the Code Level:

- Under **Office Consultation**, right-click **99245**
- Select **Remove Benefit**
- Click **OK**
- **Save**

When you complete the practice, you should have removed the 99245 benefit code from Office Consultation.

Adding a Medical Classification Range:

- Select **Show All Ranges** radio button
- Right-click **Acupuncture**
- Select **Add a Medical Classification Range**
- Type **97810**
- Type **97814**
- Effective date: today's date
- Leave the End date as is
- Click **xclose**
- **Save**

When you complete the practice, the medical classification range you added should display at the benefit code level of Acupuncture and Acupuncture should appear in boldface type.

Practice #4

Deleting a Benefit Classification:

- Click **All Procedures**
- Click **delete**
- Click **OK**

When you complete the practice, your custom medical classification is deleted from MITS.

Note: Always use this option with extreme caution.

Summary

In this topic you learned how to search, view, add, update, and delete a benefit classification.

Q&A

Introduction to Medical Classification Engine

Overview

In this topic you learn about the Medical Classification Engine (MCE) tool, its goal, and its process flow.

What Is the Medical Classification Engine Tool?

In the past, the Benefit Administration's benefit classification allowed for definition of benefit groups by a rules analyst. However, the analyst had to determine the appropriate location to classify each new benefit code within a medical benefit group, and then associate the new code individually through the user interface. This caused significant additional effort during the quarterly and annual reconciliation of procedure and diagnosis codes. Now, instead of relying on the labor-intensive and time-consuming manual work of a rules analyst, a Medical Classification Engine (MCE) tool was created to automate and standardize medical classification information as a configurable baseline for current and future decisions.

The design of the MCE tool allows users to predefine ranges of codes (called medical classification ranges) based on the standard medical publications to be associated with each benefit group, even if those benefit codes have not yet been, but are likely to be defined in the future. These ranges can then be used to facilitate the analysis of which rules will be involved with the new codes so that decisions can be made in determining coverage of the new benefit codes.

The MITS Medical Classification Engine tool was designed to accomplish the following:

- 1) On a quarterly or annual basis, CMS supplies HCPCS procedure codes (including CPT-4), ICD-9 surgery procedure codes, and ICD-9 diagnosis codes to MITS. MITS stores these codes as reference data. This reference data is used in the Benefit Administration process within the Standard Medical Classification.
- 2) The MCE tool compares the reference data with the Standard Medical Classification and identifies unclassified codes.
- 3) Using predefined ranges (medical classification ranges), MITS identifies the specific nodes under which the unclassified codes can be classified. MITS also identifies all of the rules that the unclassified codes will inherit. This includes benefit plan coverage rules, provider contract billing rules, and reimbursement rules.
- 4) These comparisons are presented in the form of a report. The Rules Analyst reviews the report and either classifies the unclassified codes under the reported range, or changes the codes in the predictive range.

Goal of Medical Classification Engine

The overriding goal of establishing the MCE tool capability is to serve the following three functions.

- Define a recommended standard benefit classification definition for the CPT-4, HCPCS, ICD-9 procedures, and ICD-9 diagnosis code sets to be implemented with MITS.
- Provide a mechanism for analysts to define the classifications by including one or more ranges of codes for each ending node (the benefit code) within a classification, and include the ability to develop predictive ranges for new benefit codes based on published structure. This reduces ongoing maintenance because new benefit codes that fall within those ranges are automatically targeted to that classification when they are loaded into MITS by the MCE tool.
- Provide a batch update and reporting mechanism that facilitates the classification of these medical services when quarterly or annual update files are received. This reporting mechanism allows analysts to research necessary rule changes, possibly modify certain classification configurations, and develop any required documentation.

Process Flow

The following explains the process flow of the MITS Medical Classification Engine tool, and is followed by a graphical representation of the MCE tool.

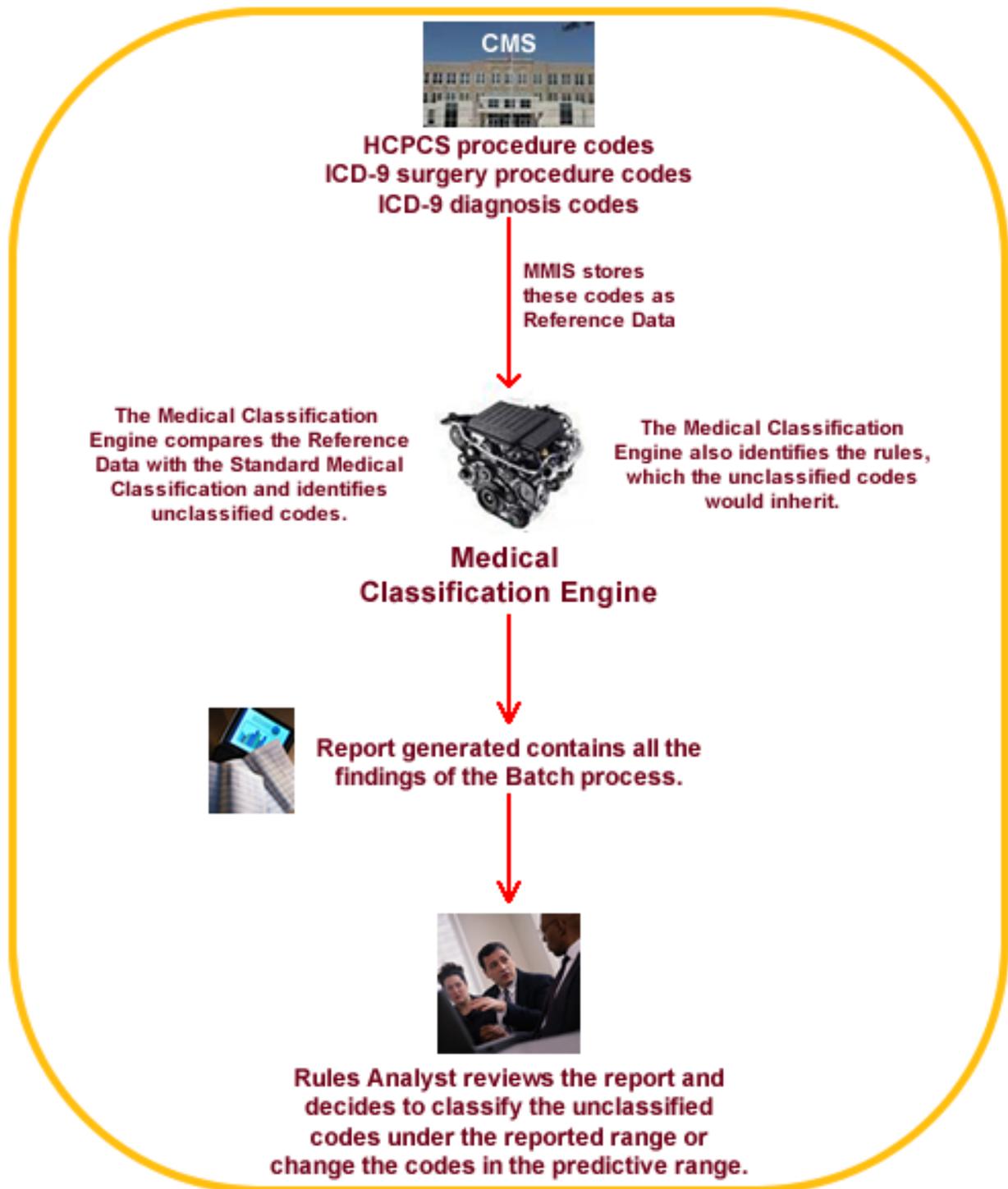
MITS Medical Classification Engine Tool Process Flow

The MITS Medical Classification Engine (MCE) tool receives files from authorized agencies and after all pre-processing activities (including file tracking and balancing) are completed, the following steps are performed:

- 1) The MITS MCE tool batch process is started in Report Mode, based on parameters. It accomplishes the following activities:
 - Checks the reference data source and identifies the unclassified codes with an existing predefined range.
 - When the MCE tool determines an unclassified code belongs within a predefined range, the tool identifies the following types of rules that affect this code, if classified in the predefined range:
 - The rules the unclassified code will inherit from the parent node
 - The parent node's other children with specific rules
 - The MCE generates a report providing the following information for the unclassified code:
 - The new code and description
 - The new code's calculated parent node and description
 - The rules the new code inherits
 - The sister codes with specific rules
 - Action taken (inserted or not inserted)
 - Summary statistics indicating the number of updates

- 2) The Rules Analyst reviews the report and takes any of the following actions:
 - Allows to classify
 - Adds a new range
 - Modifies an existing range
 - Continues not to classify the code
 - Classifies the code
- 3) The MCE tool is restarted in Report Mode to identify the effect of the actions carried out.
- 4) The MCE tool generates a report.
- 5) The Rules Analyst reviews the report and ensures the MCE tool identifies the correct range for the unclassified nodes.
- 6) The Rules Analyst repeats steps 1-5 until the code association to the nodes is satisfactory.
- 7) As soon as the code association to the nodes is satisfactory, the Rules Analyst changes the MCE batch process mode from Report Mode to Write Mode.
- 8) The MCE tool classifies the codes under proper nodes.
- 9) After the code classification is completed, a follow-up report is generated that identifies all active codes in the reference table that were not classified under the standard medical classification. This step ensures that no codes were overlooked.

The following image illustrates the process flow of the MCE tool.



Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

The purpose of the Medical Classification Engine (MCE) tool is to allow you to predefine ranges of codes (called medical classification ranges) based on the standard medical publications.

- A. True
- B. False

The Rules Analyst reviews the MCE tool report and takes which of the following actions? Select all that apply.

- A. Adds a new range
- B. Modifies an existing range
- C. Classifies the code
- D. Deletes the code

After the code classification is completed, the MCE tool generates a follow-up report. What does that report tell you?

- A. It identifies all active codes in the reference table that were not classified under the standard medical classification, and ensures that no codes were overlooked.
- B. It tells you how to add a benefit classification.
- C. It tells you when to add rules.
- D. It identifies the process flow that the MCE tool follows.

Summary

In this topic you learned about the Medical Classification Engine (MCE) tool, its goal, and its process flow.

Q&A

Review

Objectives

In this course you learned how to:

- Navigate to the Benefit Classification panel
- Describe the components of benefit classification
- Describe the structure of benefit classification
- Differentiate between a standard benefit classification and a custom benefit classification
- Add a benefit classification
- Update a benefit classification
- Delete a benefit classification
- Describe the purpose and goal of the Medical Classification Engine (MCE) tool
- Recognize the MCE tool process flow