

Introduction to CodeMap® Online

A Comprehensive Medicare Resource



CodeMap Online includes Medicare fee schedules, coverage policies, CCI and MUE edits, and valuable utilization data that can answer all of your Medicare related questions pertaining to laboratory, pathology, radiology, imaging procedures and more.

This guide will demonstrate how your organization can use CodeMap® Online to find information about:

- Medicare reimbursement, average submitted charges, and denial rates for specific tests and procedures
- Local and national coverage policy
- Historical utilization rates for Medicare services
- Medicare coding edits and frequency limits (CCI/MUE)
- Most frequently submitted diagnosis codes associated with specific tests and procedures

Medicare Reimbursement Information

Starting at the CodeMap Online home page, enter **77067** in the “**Quick jump to procedure code**” box and hit **GO**.

Quick jump to procedure code:

77067: SCR MAMMO BI INCL CAD

CPT® 77067: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

+ Add to Favorites

CPT copyright 2017 American Medical Association. All rights reserved.

2018 Medicare Reimbursement Information

[Hide this section.](#)

Fee Schedule Selection:

ARKANSAS-Entire State

2018 OPPS Status Indicator: A

2018 Physician Fee Schedule:

Global Fee	\$123.98
26 Modifier	\$ 35.56
TC Modifier	\$ 88.42

Effective April 1, 2013, and while sequestration is in effect, all CMS payments for services will be reduced by 2%. The fees above do not reflect this reduction. [Click here for more information.](#)

The Medicare Reimbursement Information feature of the site includes the following information where applicable.

Physician Fee Schedule Amounts

Laboratory Fee Schedule Amounts

OPPS Payments-calculated by zip code and wage index lookup

APC Codes

Status Indicators

Identification of Procedures Subject to Multiple Procedure Payment Reduction (MPPR)

A pop up menu of States/Localities allows lookups by different states.

NCDs, LCDs, and Commonly Reported Diagnosis Codes

Does a Medicare coverage policy apply to this test?

Both NCDs and LCDs typically include a list of covered diagnosis codes as well as additional payment requirements. When a national or local coverage policy applies to your location, CodeMap® Online can display the full text of the policy.

For example: What diagnosis codes are listed as covered by Medicare for influenza antigen testing by direct optical observation (CPT code 83880) in Wisconsin?

Starting at the CodeMap Online home page, enter **83880** in the “**Quick jump to procedure code**” box and hit **GO**.

Note that under the **Medicare Coverage Policy Information** section, LCD L36523 applies to 83880 in Wisconsin. The full text of the policy is displayed by clicking the LCD ID.

Medicare Coverage Policy Information

[Hide this section.](#)

Wisconsin Physicians Service Insurance Corporation, MAC - Part A - [Change](#)

[Online Medical Necessity Checker](#)

LCD ID	Title	Status
L36523	MolDX: Biomarkers in Cardiovascular Risk Assessment	Active
Other contractors covering 83880		

What are the most commonly reported diagnosis codes associated with this test and/or procedure?

In addition to indicating an applicable NCD or LCD, CodeMap® Online also lists the top most commonly reported ICD-10 codes (please see below). Expand the **Commonly Associated ICD-10 Codes** section to display this information. The most common ICD-10 code submitted with CPT Code 87804 is R50.9, Fever unspecified which appeared on 20.6% of allowed claims during 2016. Commonly Associated ICD-10 codes are currently derived from CMS Q3 2016 Limited Data Set (LDS) claims data. This data represents an analysis of 11,119,991 claims processed for 1,414,138 beneficiaries in the third quarter of 2016 and may be updated from time to time.

Commonly Associated Diagnosis Codes *

[Hide this section.](#)

Percentage	ICD-10 Code	Description	Related DRG(s)
20.6%	R50.9	Fever, unspecified	864
11.6%	J06.9	Acute upper respiratory infection, unspecified	011-013 152-153
9.8%	R05	Cough	204
5.9%	J02.9	Acute pharyngitis, unspecified	011-013 152-153
5.7%	J20.9	Acute bronchitis, unspecified	202-203
4.5%	J01.90	Acute sinusitis, unspecified	152-153
3.5%	R68.89	Other general symptoms and signs	947-948
3.2%	J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations	152-153
2.2%	R52	Pain, unspecified	947-948
2.2%	R53.83	Other fatigue	947-948

* Commonly Associated ICD-10 codes derived from CMS Q3 2016 Limited Data Set (LDS) claims data.

This data represents an analysis of 11,119,991 claims processed for 1,414,138 beneficiaries in the third quarter of 2016.

CCI Edits and Frequency Limitations

This example of CodeMap® Online demonstrates how to quickly determine if a claim will or has been denied because it ran afoul of a Correct Coding Initiative (CCI) Edit or Medically Unlikely Edit (MUE). CCI edits apply to CPT code pairs that Medicare believes are inappropriate or impossible based on the code definitions and clinical use. MUE edits determine how often a test or procedure can be performed on the same date of service by the same provider. In both cases, providers are able to overcome some edits by using modifiers, while other edits are absolute and will always be denied.

Will Medicare deny a claim for multiple tests based on an effective CCI edit?

For example: Will my laboratory be paid for both a lipid panel (80061) and a HDL cholesterol test (83718) performed on the same day for the same patient?

Starting at the CodeMap Online home page, enter **80061** in the **Quick jump to procedure code** box, then press **GO**. There is no need to enter a specific locality since CCI edits apply to all claims submitted regardless of location.

Expand the **CCI and MUE Edits** section where the following information will be displayed:

CCI and MUE Edits* Hide this section.

CCI Edits for 80061

Denied Codes (1)	Effective	Modifier Accepted (2)	Denied Codes (1)	Effective	Modifier Accepted (2)
80500 Lab pathology consultation	10/30/2000	Yes	83718 Assay of lipoprotein	01/01/1996	No
80502 Lab pathology consultation	10/30/2000	Yes	83721 Assay of blood lipoprotein	04/01/2003	Yes
82465 Assay bld/serum cholesterol	01/01/1996	No	84478 Assay of triglycerides	01/01/1996	No

(1) These codes will be denied when submitted for payment on the same date of service as 80061.

(2) "Yes" indicates that the use of a modifier with the denied code will overcome the edit and allow payment.
"No" indicates that the second code will always be denied.

Medically Unlikely Edits for 80061

Allowed Frequency per Day:		
Practitioner	Hospital Outpatient	DME Supplier
1	1	Not Listed

* The responsibility for the content of any "National Correct Coding Policy" included in this product is with the Centers for Medicare and Medicaid Services and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, nonuse, or interpretation of information contained in this product.

Note that a CCI edit applies when CPT codes 80061 plus 83718 are submitted on the same date of service for the same patient. The edit has been effective since 1996 and because "no" is listed under "Modifier Accepted," the edit can not be bypassed by using a modifier. In other words, the HDL cholesterol test will always be denied.

How often will Medicare pay for the test? (Example 1)

Medically Unlikely edits for 80061 are also displayed showing that the frequency limit for lipid panels is one per day per provider for tests submitted by either practitioners (physicians or other qualified healthcare providers) or hospital outpatient departments.

How often will Medicare pay for the test? (Example 2)

For example: How many quantitative troponin tests will be reimbursed by Medicare during one day when performed in a hospital emergency department for the same patient?

To find the correct CPT code for a quantitative troponin test, start at the CodeMap Online home page, enter **quantitative troponin** in the search box and click on **search**.

The following result will be displayed:

New Search:

Your Search Results for "quantitative troponin"

Active CPT®/HCPCS Code Results for "quantitative troponin":
CPT copyright 2012 American Medical Association. All rights reserved.

84484	Troponin, quantitative
-------	------------------------

Click on the Troponin CPT code resulting from your search, **84484** to display the following information under the **CCI and MUE Edits** section:

CCI and MUE Edits* [Hide this section.](#)

No CCI edits in database for 84484

Medically Unlikely Edits for 84484

Allowed Frequency per Day:		
Practitioner	Hospital Outpatient	DME Supplier
2	3	Not Listed

* The responsibility for the content of any "National Correct Coding Policy" included in this product is with the Centers for Medicare and Medicaid Services and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, nonuse, or interpretation of information contained in this product.

Here we see that 3 troponin tests are allowed per date of service when performed for an outpatient, i.e., a patient being treated in the emergency department.

Note that only 2 tests are allowed per day if the tests are run for a patient being treated in a physician's office or other practitioner site of service.

What Tests Are Commonly Ordered for a Specific diagnosis Code?

For example: What is the most common laboratory test performed for Medicare patients with Nausea, ICD-10 code R11.0?

Start by entering "Nausea" under the search box. The following search results will be displayed:

Your Search Results for "nausea"

Results for "nausea":

CPT copyright American Medical Association. All rights reserved.

4556F	PT W/3+ POST-OP NAUSEA&VOM
4557F	PT W/O 3+ POST-OPNAUSEA&VOM
E0765	Nerve stimulator for tx n&v

ICD-10 Results for "nausea"

R11.0 Nausea

Related to the following ICD-9 Code(s)

787.02 Nausea alone

R11.11 Vomiting without nausea

Related to the following ICD-9 Code(s)

078.82 Epidemic vomiting syndrome

787.03 Vomiting alone

R11.2 Nausea with vomiting, unspecified

Related to the following ICD-9 Code(s)

787.01 Nausea with vomiting

CodeMap® Briefings Referencing "nausea"

- 05/29/2009: Documentation Requirements

Click on the ICD-10 code listed, R11.0 to display the following commonly associated procedure codes.

Commonly Associated Procedure Codes for R11.0:

Percentage	CPT	Description
8.4%	99214	Office/outpatient visit est
6.7%	99213	Office/outpatient visit est
3.2%	36415	Routine venipuncture
3.1%	A0425	Ground mileage
2.7%	99232	Subsequent hospital care
2.6%	85025	Complete cbc w/auto diff wbc
2.1%	80053	Comprehen metabolic panel
2.0%	J2405	Ondansetron hcl injection
1.8%	J1100	Dexamethasone sodium phos
1.7%	93010	Electrocardiogram report

* Commonly Associated Procedure codes derived from CMS Q3 2016 Limited Data Set (LDS) claims data.
This data represents an analysis of 11,119,991 claims processed for 1,414,138 beneficiaries in the third quarter of 2016.

CodeMap Online Medical Necessity Checker

From the menu-bar, under CodeMap Online, select Medical Necessity Check. There are also various links to this from other procedures.



The following is the test entry screen. You must verify you are using the correct Medicare Contractor. A selection screen will appear if you click "change" listing all Medicare Part A and B contractors.

Selected Medicare Contractor
Wisconsin Physicians Service Insurance Corporation, MAC - Part B
- Change
[Quick link to Laboratory National Coverage Determinations](#)

Patient Information
(Required for Age/Gender edits)
Patient DOB (dd/mm/yyyy): 06/16/1947
Gender: ☒ Male ☐ Female

Order Entry

Procedure Codes				Diagnosis Codes			
93880 X				447.9 X	780.2 X	435.9 X	

[Clear Procedure Codes](#) [Clear ICD-9 Codes](#)

[Check for Medical Necessity](#)

Code Search: [Search](#) ICD-9 Code Search: [Search](#)

72 Results for "diabetes"


249.00	±	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified
249.01	±	Secondary diabetes mellitus without mention of complication, uncontrolled

If demographic information is entered (DOB/Gender) CodeMap Online will also point out warnings for age and gender checks. ie, Screening PAP not allowable on male patient.

Enter the appropriate Procedure Codes (HCPC or CPT) and Diagnosis codes. A search tool is provided at the bottom of the page for reference.

Up to 16 procedure and 16 diagnosis codes can be searched at one time. Use the appropriate "+" and "X" buttons to add and delete from the order. Clear all procedures and diagnosis code buttons are also provided.

Once completed, press the "Check for Medical Necessity" button to arrive at the results screen below.

CodeMap® Medical Necessity Report		
01/31/2014		
Previous Page		
Patient Demographics: Patient DOB: 06/16/1947 Age: 66 Gender: Male	Selected Medicare Contractor: Wisconsin Physicians Service Insurance Corporation, MAC - Part B	
Procedure Codes Submitted: 93880 -DUPLX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	Diagnosis Codes Submitted: 435.9 -Unspecified transient cerebral ischemia 447.9 -Unspecified disorders of arteries and arterioles 780.2 -Syncope and collapse	
Medical Necessity Results:		
CPT® Code 93880 MUE CCI	Coverage Policy Analysis Local Coverage Results for 93880: A Local Coverage Determination Applies to 93880 L28586 - Non-Invasive Vascular Testing (N.I.V.T) ICD-9 Result 435.9 Covered under the policy. 447.9 Not covered under the policy. 780.2 Covered under the policy.	Recommendation A Local Policy Applies  At least one of the diagnosis codes submitted meets the medical necessity requirements of the policy. However, frequency, required secondary diagnosis codes and other limitations may apply. Please follow the link to review the entire policy.

All code-pairs and Medicare coverage information contained in this application are compiled directly from Center for Medicare and Medicaid Services (CMS) and Medicare Contractor coverage policies. CodeMap® has made every reasonable effort to ensure the accuracy of the information. However, the ultimate responsibility for correct coding and claims submission lies with the provider of services. Both CMS and Medicare contractor coverage policy information may change at any time. CodeMap® makes no representation,

warranty, or guarantee that this compilation of coverage policy information is error-free or that the use of this data will result in Medicare coverage and subsequent payment of claims. Final coverage and payment of claims are subject to many factors exclusively controlled by CMS and its contractors.