



Building a healthier future for all Arkansans

Arkansas Payment Improvement Initiative

Episodes of Care

PRINCIPAL ACCOUNTABLE PROVIDER MANUAL

Congestive Heart Failure
Episode Reimbursement Program

www.paymentinitiative.org

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Arkansas Blue Plans in this report refers to Arkansas Blue Cross and Blue Shield, Health Advantage and/or BlueAdvantage Administrators of Arkansas.



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The Arkansas Health Care Payment Improvement Initiative (AHCPII) was developed as a joint effort between Arkansas Medicaid, QualChoice and Arkansas Blue Cross and Blue Shield, its affiliates and subsidiaries (Arkansas Blue Cross). More information may be found within this manual or at www.paymentinitiative.org.

The **CONGESTIVE HEART FAILURE** Episode Program will incentivize better coordination of care, encourage clinical effectiveness, and reward high quality care in order to reduce complications that threaten quality and increase costs.

Episode Definition

A core component of this program is episodes of care. An episode is the collection of care provided to treat a particular condition over a given length of time. The episode focuses on acute and post-acute CHF care, defined as the CHF hospitalization and the 30 days following discharge, including readmissions. All facility services, inpatient professional services, emergency department visits, observation, and post-acute care as well as any CHF-related outpatient labs and diagnostics, outpatient costs and medications are included.

Principal Accountable Provider (PAPs)

The hospital for the initial inpatient admission will be the Principal Accountable Provider (PAP), given the hospital's critical role in discharge education and planning. In the case where a CHF patient is transferred from another facility, the facility that accepts the transfer patient and subsequently discharges the patient will be considered the PAP. A provider must have 5 eligible cases or more to Arkansas Blue Cross and Blue Shield's members on an annual basis to be eligible for risk or shared savings as a PAP. Any applicable PAP total cost share as well as total gain share, will be split 50/50 between the PAP and the applicable Payor. The provider billing for the service on the claims is held responsible in the calculations and accurate coding is essential.

Claims Submission

Claims filing procedures will be the same as they are today as described in Arkansas Blue Cross and Blue Shield's Provider Network Agreements and provider manuals.

Adjustments and Exclusions

Reference the [Congestive Heart Failure Algorithm Summary](#) for details.

Supplemental Quality Measures

In order to participate in upside savings, providers are required to pass:

1. A quality metric related to the number of patients with left ventricular systolic dysfunction (LVSD) receiving an ACE-inhibitor or ARB therapy.
2. PAPs should enter this information in AHIN. PAPs will also receive reports highlighting performance on additional quality measures (e.g., outpatient follow-ups) for CHF care.

Reports for Principal Accountable Providers (PAPs)

Reference the AHCPII Overview Page within this [manual](#) for details and instructions on accessing the PAP Reports on the Provider Portal.

[Financial Settlements in the Episodes of Care Model](#)

Reference the AHCPII Overview Page within this [manual](#) for details on the Financial Settlement Process.

[Provider Appeal Process](#)

Reference the AHCPII Overview Page within this [manual](#) for details on the Provider Appeal Process.

This Program document is referenced in the provider agreements and amendments (defined as ("Program")) of the Preferred Payment Plan, True Blue PPO, Arkansas' First Source PPO and Health Advantage Network Participating Provider Agreements. Therefore it is considered to be part of these agreements.

[Congestive Heart Failure Algorithm Summary](#)

Congestive Heart Failure Algorithm Summary v1.6

Triggers	An episode is triggered by a claim for an inpatient admission for a DRG indicating “Heart failure and shock” if the patient does not have any other inpatient admissions for any reason with a discharge date within 30 days prior to the CHF admission. For specific DRG, ICD-9-CM, and CPT/HCPCS procedure codes, please see dataset.
PAP assignment	The Principal Accountable Provider (PAP) for an episode is the facility enrolled in an Arkansas Blue Plan provider network that admits the patient with a CHF DRG code. If the patient transfers from one facility to another, both of which having a CHF DRG code, then the final discharging facility will be the PAP.
Exclusions	<p>Episodes meeting one or more of the following criteria will be excluded:</p> <ul style="list-style-type: none"> A. The patient has claims or enrollment records that indicate coordination of benefits with another payer not associated with the Arkansas Blue Plans within the duration of the episode B. The patient does not have continuous coverage with at least one Arkansas Blue Plan throughout the entire episode C. The overall episode cost for the patient exceeds the outlier criteria. Currently, the outlier threshold is set at three standard deviations above the average episode cost for all patients otherwise included in the reporting period for all PAPs D. The patient was discharged against medical advice or due to expiration. E. The patient was less than 18 years old at the time of admission for the CHF DRG code. F. The patient has claims indicating one of the following comorbidities within one year of the episode: 1) Cancer; 2) Left ventricular assist device; 3) Intra-aortic balloon pump; 4) End stage renal disease; 5) Organ or bone marrow transplant; 6) Pregnancy; 7) Pacemaker; 8) Adult congenital heart defects G. Patient is an Exchange member H. Patient is an Access Only member I. Non-par self-insured groups: ABB Inc. (ABB/Baldor and Thomas & Betts), Green Bay Packaging, Hytrol Conveyor Co, Inc, Mana, Nabholz Inc, Navistar Inc, NYSC NYS Holding Company (Nucor), Replacement Parts, Riceland Foods Inc, Southern Steel & Wire (effective 1/1/16), and White River Medical Center
Episode time window	Episodes begin on the day of the admission with the CHF DRG code and conclude 30 days after the discharge. All inpatient facility charges for an admission that begins within 30 days of the CHF discharge will be included, even if the readmission discharges after the 30 day period.
Claims included	<p>The following services are included if incurred within the episode:</p> <ul style="list-style-type: none"> A. All claims for inpatient admissions. Claims with a DRG on the CMS list of exclusions for congestive heart failure will not be included in the episode. B. All claims in the following places of service that show a CHF related ICD-9-CM diagnosis: inpatient professional, emergency room, skilled nursing facility, comprehensive inpatient rehab facility C. All claims for select CPT/HCPCS procedures in the following places of service: office, outpatient facility, ambulance <p>After all above criteria are applied, remaining claims will be excluded for select CPT/HCPCS procedures, regardless of the place of service in which it is billed.</p>

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Congestive Heart Failure Algorithm Summary v1.6

<p>Quality measures</p>	<p><u>Quality measures “to pass” (payment related):</u></p> <p>A. Of the patients with LVSD, the rate in which angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy is prescribed. This is based on portal entries that indicate:</p> <ol style="list-style-type: none"> 1. LVEF assessment was performed before or during hospitalization, and if not, assessment is planned for after discharge 2. The patient shows a history of systolic dysfunction or an LVEF < 40% 3. An ACE inhibitor was prescribed or continued upon discharge or the patient was already taking an ACE inhibitor as documented in current medication list 4. ARB therapy was prescribed upon discharge or the patient was already involved in ARB therapy as documented in current medication list 5. There was a medical, patient, or systematic reason(s) for not prescribing ACE inhibitor and ARB therapy. <p>Must meet a minimum threshold of 90% of episodes.</p> <p><u>Quality measures “to track” (not payment related):</u></p> <p>A. 30 day all cause readmission rate</p> <p>B. 30 day CHF readmission rate. This is based on readmissions with a CHF DRG code.</p> <p>C. Rate in which the left ventricular ejection fraction value was assessed. This is based on entry in the provider portal indicating one of the following:</p> <ol style="list-style-type: none"> 1. The results of an LVEF assessment – performed either before or during hospitalization 2. LVEF assessment planned after discharge 3. Medical reason for not documenting the results of an LVEF assessment or not able to perform test afterward (e.g., patient expired, patient left AMA) <p>D. Average quantitative ejection fraction value. This is based on entry in the provider portal where this value was calculated and reported.</p> <p>E. Rate in which LVEF was assessed qualitatively. Based on entry in the provider portal of one of the choices below:</p> <ol style="list-style-type: none"> 1. Hyperdynamic 2. Normal 3. Mild dysfunction 4. Moderate dysfunction 5. Severe dysfunction <p>F. 14 day outpatient office visit rate.</p>
<p>Utilization measures</p>	<p><u>Utilization measures “to track” (not payment related):</u></p> <p>A. 30 day outpatient observation care rate</p>
<p>Adjustments</p>	<p>No adjustments are made to claim costs after all exclusions have been applied.</p>

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Congestive Heart Failure Algorithm Summary v1.6

Trigger codes	Claims with following DRG codes are considered when triggering an episode: MS-DRG: 291, 292, 293
Exclusion codes	<p>Patients who have co-morbid condition(s) matching the following ICD-9-CM codes will be excluded: ICD-9-CM codes: 140-171.9, 174-184.9, 187-203.99, 204-204.02, 204.2-204.22, 204.8-204.82, 205-208.99, 230-239.99, 585.5, 585.6, V45.1, V42.0, V56.xx, V42.1, V42.5, V42.7, V42.81, 747.41, 745.0, 745.10, 745.11, 745.12, 745.2, 745.3, 745.4, 745.5, 745.6, 746.1, 746.2, 746.7, 747.0, 747.10, 747.11, 996.8, 630-669.94, V22-V24.99, V27-V27.9</p> <p>Patients who have claims including any of the following CPT/HCPCS procedure codes will be excluded: Procedure codes: 0048T, 0049T, 33975, 33976, 33977, 33978, 33979, 33980, 33970, 33971, 33973, 33974, 33215, 33216, 33217, 33220, 33224, 33225, 33240, 33245, 33249, 93282, 93283, 93284, 93287, 93289, 93295, 93296, 93741, 93742, 93743, 93744, 93745, G0297, G0298, G0299, G0300, K0532, K0606, K0607, K0608, K0609, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0505</p> <p>Claims with the following CPT/HCPCS procedure codes are excluded, regardless of the place of service or diagnosis: Procedure codes: A4353, A4388, A4452, A4615, A4627, A4657, A4750, A6209, A6257, A6402, A6403, A6404, A6454, A7003, A7005, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7046, E0100, E0105, E0135, E0143, E0149, E0156, E0163, E0168, E0260, E0265, E0277, E0430, E0431, E0434, E0439, E0443, E0463, E0470, E0482, E0561, E0562, E0565, E0570, E0600, E0601, E0630, E0910, E0955, E0971, E0973, E0978, E0990, E1020, E1090, E1092, E1093, E1140, E1260, E1390, E1399, E2361, E2365, E2390, E2392, G0249, K0001, K0006, K0738, K0739, K0823, L3908</p> <p>Claims with the following DRG codes are excluded based on the CMS exclusions for congestive heart failure: MS-DRG codes: 570, 005, 006, 007, 008, 010, 011, 012, 013, 014, 016, 017, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 037, 038, 039, 040, 041, 042, 113, 114, 115, 116, 117, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 163, 164, 165, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 614, 615, 619, 620, 621, 625, 626, 627, 628, 629, 630, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 765, 766, 767, 768, 769, 770, 799, 800, 801, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 856, 857, 858, 876, 901, 902, 903, 904, 905, 906, 907, 908, 909, 927, 928, 929, 955, 956, 957, 958, 959, 969, 970, 984, 985, 986</p> <p>Please see the final pages of this document for a list of the corresponding ICD-10 codes</p>

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Congestive Heart Failure Algorithm Summary v1.6

<p>Claims included codes</p>	<p>In addition to all inpatient facility claims, claims with one of the following ICD-9 diagnoses are included when performed in an inpatient professional, emergency room, skilled nursing facility, or comprehensive inpatient rehab facility: ICD-9 codes: 276.6, 276.9, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.9, 514, 518.4, 782.3, 785, 785.1, 785.50, 785.51, 785.9, 786, 786.02, 786.04, 786.05, 786.06, 786.07, 786.2, 794.3, 794.31, 794.39</p> <p>Claims with the following CPT/HCPCS procedure codes are also included when performed in an office, outpatient facility, or ambulance: Procedure codes: 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 71275, 75557, 75558, 75559, 75560, 75561, 75562, 75563, 75564, 75635, 75756, 75898, 76390, 78414, 78459, 78460, 78461, 78464, 78465, 78466, 78468, 78469, 78472, 78473, 78478, 78480, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 93015, 93016, 93017, 93018, 93230, 93231, 93232, 93236, 93237, 93270, 93272, 93278, 93306, 93307, 93308, 93312, 93313, 93314, 93318, 93320, 93321, 93325, 93350, 93351, 93352, 93501, 93503, 93508, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93539, 93540, 93542, 93543, 93545, 93555, 93556, 93561, 93562, 93571, 93572, 93797, 93798, 95808, 95810, 95811, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, A9502, A9505</p> <p>Please see the final pages of this document for a list of the corresponding ICD-10 codes</p>
<p>Quality codes</p>	<p>Claims with MS-DRG of 291, 292, or 293 with an admission date within 30 days of the trigger CHF discharge will be used to determine whether an episode qualifies as a CHF readmission.</p> <p>Outpatient office visits are determined by claims within the episode having one of the following revenue codes or CPT/HCPCS procedure codes in an office, home, or rural health clinic place of service: Procedure codes: 93797, 93798, G0378, G0379, G0420, 99201 - 99606</p>
<p>Utilization codes</p>	<p>Outpatient observation care is determined by claims within the episode having one of the following revenue codes or CPT/HCPCS procedure codes in an outpatient place of service: Revenue codes: 0762 Procedure codes: 99217, 99218, 99219, 99220, 99234, 99235, 99236, G0378, G0379</p>

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Exclusion codes

Patients who have co-morbid condition(s) matching the following ICD-10-CM codes will be excluded:
ICD-10-CM codes: 095B0ZZ, 095B3ZZ, 095B4ZZ, 095C0ZZ, 095C3ZZ, 095C4ZZ, 09BB0ZZ, 09BB3ZZ, 09BB4ZZ, 09BC0ZZ, 09BC3ZZ, 09BC4ZZ, 09DB0ZZ, 09DB3ZZ, 09DB4ZZ, 09DC0ZZ, 09DC3ZZ, 09DC4ZZ, 09TB0ZZ, 09TB4ZZ, 09TC0ZZ, 09TC4ZZ, C479, C499, C579, C9102, C9132, C9152, C9162, C91A2, C91Z2, N185, N186, O010, O011, O019, Q200, Q201, Q203, Q204, Q205, Q210, Q211, Q213, Q224, Q225, Q226, Q228, Q229, Q234, Q250, Q251, Q262, Z379, Z940, Z941, Z943, Z947, Z9481, 0T1307B, 0T130JB, 0T130KB, 0T130ZB, 0T1347B, 0T134JB, 0T134KB, 0T134ZB, 0T1407B, 0T140JB, 0T140KB, 0T140ZB, 0T1447B, 0T144JB, 0T144KB, 0T144ZB, 0T16076, 0T16077, 0T16078, 0T16079, 0T1607A, 0T1607B, 0T1607C, 0T1607D, 0T160J6, 0T160J7, 0T160J8, 0T160J9, 0T160JA, 0T160JB, 0T160JC, 0T160JD, 0T160K6, 0T160K7, 0T160K8, 0T160K9, 0T160KA, 0T160KB, 0T160KC, 0T160KD, 0T160Z6, 0T160Z7, 0T160Z8, 0T160Z9, 0T160ZA, 0T160ZB, 0T160ZC, 0T160ZD, 0T163JD, 0T16476, 0T16477, 0T16478, 0T16479, 0T1647A, 0T1647B, 0T1647C, 0T1647D, 0T164J6, 0T164J7, 0T164J8, 0T164J9, 0T164JA, 0T164JB, 0T164JC, 0T164JD, 0T164K6, 0T164K7, 0T164K8, 0T164K9, 0T164KA, 0T164KB, 0T164KC, 0T164KD, 0T164Z6, 0T164Z7, 0T164Z8, 0T164Z9, 0T164ZA, 0T164ZB, 0T164ZC, 0T164ZD, 0T17076, 0T17077, 0T17078, 0T17079, 0T1707A, 0T1707B, 0T1707C, 0T1707D, 0T170J6, 0T170J7, 0T170J8, 0T170J9, 0T170JA, 0T170JB, 0T170JC, 0T170JD, 0T170K6, 0T170K7, 0T170K8, 0T170K9, 0T170KA, 0T170KB, 0T170KC, 0T170KD, 0T170Z6, 0T170Z7, 0T170Z8, 0T170Z9, 0T170ZA, 0T170ZB, 0T170ZC, 0T170ZD, 0T173JD, 0T17476, 0T17477, 0T17478, 0T17479, 0T1747A, 0T1747B, 0T1747C, 0T1747D, 0T174J6, 0T174J7, 0T174J8, 0T174J9, 0T174JA, 0T174JB, 0T174JC, 0T174JD, 0T174K6, 0T174K7, 0T174K8, 0T174K9, 0T174KA, 0T174KB, 0T174KC, 0T174KD, 0T174Z6, 0T174Z7, 0T174Z8, 0T174Z9, 0T174ZA, 0T174ZB, 0T174ZC, 0T174ZD, 0T18076, 0T18077, 0T18078, 0T18079, 0T1807A, 0T1807B, 0T1807C, 0T1807D, 0T180J6, 0T180J7, 0T180J8, 0T180J9, 0T180JA, 0T180JB, 0T180JC, 0T180JD, 0T180K6, 0T180K7, 0T180K8, 0T180K9, 0T180KA, 0T180KB, 0T180KC, 0T180KD, 0T180Z6, 0T180Z7, 0T180Z8, 0T180Z9, 0T180ZA, 0T180ZB, 0T180ZC, 0T180ZD, 0T183JD, 0T18476, 0T18477, 0T18478, 0T18479, 0T1847A, 0T1847B, 0T1847C, 0T1847D, 0T184J6, 0T184J7, 0T184J8, 0T184J9, 0T184JA, 0T184JB, 0T184JC, 0T184JD, 0T184K6, 0T184K7, 0T184K8, 0T184K9, 0T184KA, 0T184KB, 0T184KC, 0T184KD, 0T184Z6, 0T184Z7, 0T184Z8, 0T184Z9, 0T184ZA, 0T184ZB, 0T184ZC, 0T184ZD, 0T560ZZ, 0T563ZZ, 0T564ZZ, 0T567ZZ, 0T568ZZ, 0T570ZZ, 0T573ZZ, 0T574ZZ, 0T577ZZ, 0T578ZZ, 0T760ZZ, 0T763ZZ, 0T764ZZ, 0T767ZZ, 0T768ZZ, 0T770ZZ, 0T773ZZ, 0T774ZZ, 0T777ZZ, 0T778ZZ, 0T780ZZ, 0T783ZZ, 0T784ZZ, 0T787ZZ, 0T788ZZ, 0T960ZX, 0T960ZZ, 0T963ZX, 0T963ZZ, 0T964ZX, 0T964ZZ, 0T967ZX, 0T967ZZ, 0T968ZX, 0T968ZZ, 0T970ZX, 0T970ZZ, 0T973ZX, 0T973ZZ, 0T974ZX, 0T974ZZ, 0T977ZX, 0T977ZZ, 0T978ZX, 0T978ZZ, 0T980ZX, 0T980ZZ, 0T983ZX, 0T983ZZ, 0T984ZX, 0T984ZZ, 0T987ZX, 0T987ZZ, 0T988ZX, 0T988ZZ, 0TB60ZX, 0TB60ZZ, 0TB63ZX, 0TB63ZZ, 0TB64ZX, 0TB64ZZ, 0TB67ZX, 0TB67ZZ, 0TB68ZX, 0TB68ZZ, 0TB70ZX, 0TB70ZZ, 0TB73ZX, 0TB73ZZ, 0TB74ZX, 0TB74ZZ, 0TB77ZX, 0TB77ZZ, 0TB78ZX, 0TB78ZZ, 0TC37ZZ, 0TC38ZZ, 0TC47ZZ, 0TC48ZZ, 0TC60ZZ, 0TC63ZZ, 0TC64ZZ, 0TC67ZZ, 0TC68ZZ, 0TC70ZZ, 0TC73ZZ, 0TC74ZZ, 0TC77ZZ, 0TC78ZZ, 0TH90ZZ, 0TH90MZ, 0TH93ZZ, 0TH93MZ, 0TH94ZZ, 0TH94MZ, 0TH97ZZ, 0TH97MZ, 0TH98ZZ, 0TH98MZ, 0TJ90ZZ, 0TJ93ZZ, 0TJ94ZZ, 0TJ97ZZ, 0TJ98ZZ, 0TL60CZ, 0TL60DZ, 0TL60ZZ, 0TL63CZ, 0TL63DZ, 0TL63ZZ, 0TL64CZ, 0TL64DZ, 0TL64ZZ, 0TL67DZ, 0TL67ZZ, 0TL68DZ, 0TL68ZZ, 0TL70CZ, 0TL70DZ, 0TL70ZZ, 0TL73CZ, 0TL73DZ, 0TL73ZZ, 0TL74CZ, 0TL74DZ, 0TL74ZZ, 0TL77DZ, 0TL77ZZ, 0TL78DZ, 0TL78ZZ, 0TM60ZZ, 0TM64ZZ, 0TM70ZZ, 0TM74ZZ, 0TM80ZZ, 0TM84ZZ, 0TN67ZZ, 0TN68ZZ, 0TN77ZZ, 0TN78ZZ, 0TP900Z, 0TP902Z, 0TP903Z, 0TP907Z, 0TP90CZ, 0TP90DZ, 0TP90JZ, 0TP90KZ, 0TP90MZ, 0TP930Z, 0TP932Z, 0TP933Z, 0TP937Z, 0TP93CZ, 0TP93DZ, 0TP93JZ, 0TP93KZ, 0TP93MZ, 0TP940Z, 0TP942Z, 0TP943Z, 0TP947Z, 0TP94CZ, 0TP94DZ, 0TP94JZ, 0TP94KZ, 0TP94MZ, 0TP970Z, 0TP972Z, 0TP973Z, 0TP977Z, 0TP97CZ, 0TP97DZ, 0TP97JZ, 0TP97KZ, 0TP97MZ, 0TP980Z, 0TP982Z, 0TP983Z, 0TP987Z, 0TP98CZ, 0TP98DZ, 0TP98JZ, 0TP98KZ, 0TP98MZ, 0TP9XMZ, 0TQ60ZZ, 0TQ63ZZ, 0TQ64ZZ, 0TQ67ZZ, 0TQ68ZZ, 0TQ70ZZ, 0TQ73ZZ, 0TQ74ZZ, 0TQ77ZZ, 0TQ78ZZ, 0TR607Z, 0TR60JZ, 0TR60KZ, 0TR647Z, 0TR64JZ, 0TR64KZ, 0TR677Z, 0TR67JZ, 0TR67KZ, 0TR687Z, 0TR68JZ, 0TR68KZ, 0TR707Z, 0TR70JZ, 0TR70KZ, 0TR747Z,

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<p>Exclusion codes (continued)</p>	<p>OTR74JZ, OTR74KZ, OTR777Z, OTR77JZ, OTR77KZ, OTR787Z, OTR78JZ, OTR78KZ, OTS60ZZ, OTS64ZZ, OTS70ZZ, OTS74ZZ, OTS80ZZ, OTS84ZZ, OTT60ZZ, OTT64ZZ, OTT67ZZ, OTT68ZZ, OTT70ZZ, OTT74ZZ, OTT77ZZ, OTT78ZZ, OTU607Z, OTU60JZ, OTU60KZ, OTU647Z, OTU64JZ, OTU64KZ, ICD-10-CM codes: OTU677Z, OTU67JZ, OTU67KZ, OTU687Z, OTU68JZ, OTU68KZ, OTU707Z, OTU70JZ, OTU70KZ, OTU747Z, OTU74JZ, OTU74KZ, OTU777Z, OTU77JZ, OTU77KZ, OTU787Z, OTU78JZ, OTU78KZ, OTV60CZ, OTV60DZ, OTV60ZZ, OTV63CZ, OTV63DZ, OTV63ZZ, OTV64CZ, OTV64DZ, OTV64ZZ, OTV67DZ, OTV67ZZ, OTV68DZ, OTV68ZZ, OTV70CZ, OTV70DZ, OTV70ZZ, OTV73CZ, OTV73DZ, OTV73ZZ, OTV74CZ, OTV74DZ, OTV74ZZ, OTV77DZ, OTV77ZZ, OTV78DZ, OTV78ZZ, OTW900Z, OTW902Z, OTW903Z, OTW907Z, OTW90CZ, OTW90DZ, OTW90JZ, OTW90KZ, OTW90MZ, OTW930Z, OTW932Z, OTW933Z, OTW937Z, OTW93CZ, OTW93DZ, OTW93JZ, OTW93KZ, OTW93MZ, OTW940Z, OTW942Z, OTW943Z, OTW947Z, OTW94CZ, OTW94DZ, OTW94JZ, OTW94KZ, OTW94MZ, OTW970Z, OTW972Z, OTW973Z, OTW977Z, OTW97CZ, OTW97DZ, OTW97JZ, OTW97KZ, OTW97MZ, OTW980Z, OTW982Z, OTW983Z, OTW987Z, OTW98CZ, OTW98DZ, OTW98JZ, OTW98KZ, OTW98MZ, K5520, K5521, K560, K561, K562, K563, K5641, K5649, K565, K5660, K5669, K567, K5700, K5701, K5710, K5711, K5712, K5713, K5720, K5721, K5730, K5731, K5732, K5733, K5740, K5741, K5750, K5751, K5752, K5753, K5780, K5781, K5790, K5791, K5792, K5793, K580, K589, K5900, K5901, K5902, K5909, K591, K592, K593, K594, K598, K599, K600, K601, K602, K603, K604, K605, K610, K611, K612, K613, K614, K620, K621, K622, K623, K624, K625, K626, K627, K6281, K6282, K6289, K629, K630, K631, K632, K633, K634, K6381, K6389, K639, K650, K651, K652, K653, K654, K658, K659, K660, K661, K668, K669, K67, K6812, K6819, K689, K910, K911, K91850, K91858, K9289, K929, K9400, K9401, K9402, K9403, K9409, K9410, K9411, K9412, K9413, K9419, N994, R1113</p>
<p>Claims included codes</p>	<p>In addition to all inpatient facility claims, claims with one of the following ICD-10 diagnoses are included when performed in an inpatient professional, emergency room, skilled nursing facility, or comprehensive inpatient rehab facility: ICD-10 codes: 0CQ20ZZ, 0CQ23ZZ, 0CQ2XZZ, 0CQ30ZZ, 0CQ33ZZ, 0CQ3XZZ, 0CR207Z, 0CR20JZ, 0CR20KZ, 0CR237Z, 0CR23JZ, 0CR23KZ, 0CR2X7Z, 0CR2XJZ, 0CR2XKZ, 0CR307Z, 0CR30JZ, 0CR30KZ, 0CR337Z, 0CR33JZ, 0CR33KZ, 0CR3X7Z, 0CR3XJZ, 0CR3XKZ, 0CS20ZZ, 0CS2XZZ, 0CS30ZZ, 0CS3XZZ, 0CU207Z, 0CU20KZ, 0CU237Z, 0CU23KZ, 0CU2X7Z, 0CU2XKZ, 0CU307Z, 0CU30JZ, 0CU30KZ, 0CU337Z, 0CU33JZ, 0CU33KZ, 0CU3X7Z, 0CU3XJZ, 0CU3XKZ, 0DF50ZZ, 0DF53ZZ, 0DF54ZZ, 0DF57ZZ, 0DF58ZZ, 0DH50DZ, 0DH50UZ, 0DH53DZ, 0DH53UZ, 0DH54DZ, 0DH54UZ, 0DH57DZ, 0DH57UZ, 0DH58DZ, 0DH58UZ, 0DM50ZZ, 0DM54ZZ, 0DN10ZZ, 0DN13ZZ, 0DN14ZZ, 0DN17ZZ, 0DN18ZZ, 0DN20ZZ, 0DN23ZZ, 0DN24ZZ, 0DN27ZZ, 0DN28ZZ, 0DN30ZZ, 0DN33ZZ, 0DN34ZZ, 0DN37ZZ, 0DN38ZZ, 0DN40ZZ, 0DN43ZZ, 0DN44ZZ, 0DN47ZZ, 0DN48ZZ, 0DN50ZZ, 0DN53ZZ, 0DN54ZZ, 0DN57ZZ, 0DN58ZZ, 0DQ10ZZ, 0DQ13ZZ, 0DQ14ZZ, 0DQ17ZZ, 0DQ18ZZ, 0DQ20ZZ, 0DQ23ZZ, 0DQ24ZZ, 0DQ27ZZ, 0DQ28ZZ, 0DQ30ZZ, 0DQ33ZZ, 0DQ34ZZ, 0DQ37ZZ, 0DQ38ZZ, 0DS50ZZ, 0DS54ZZ, 0DS57ZZ, 0DS58ZZ, 0DS5XZZ, 0DV10CZ, 0DV10DZ, 0DV10ZZ, 0DV13CZ, 0DV13DZ, 0DV13ZZ, 0DV14CZ, 0DV14DZ, 0DV14ZZ, 0DV17DZ, 0DV17ZZ, 0DV18DZ, 0DV18ZZ, 0DV20CZ, 0DV20DZ, 0DV20ZZ, 0DV23CZ, 0DV23DZ, 0DV23ZZ, 0DV24CZ, 0DV24DZ, 0DV24ZZ, 0DV27DZ, 0DV27ZZ, 0DV28DZ, 0DV28ZZ, 0DV30CZ, 0DV30DZ, 0DV30ZZ, 0DV33CZ, 0DV33DZ, 0DV33ZZ, 0DV34CZ, 0DV34DZ, 0DV34ZZ, 0DV37DZ, 0DV37ZZ, 0DV38DZ, 0DV38ZZ, 0DV50CZ, 0DV50DZ, 0DV50ZZ, 0DV53CZ, 0DV53DZ, 0DV53ZZ, 0DV54CZ, 0DV54DZ, 0DV54ZZ, 0DV57DZ, 0DV57ZZ, 0DV58DZ, 0DV58ZZ, 0F754ZZ, 0F758ZZ, 0F764ZZ, 0F768ZZ, 0F784ZZ, 0F788ZZ, 0F794ZZ, 0F798ZZ, 0F7C8DZ, 0F7C8ZZ, 0PH004Z, 0PH034Z, 0PH044Z, 0PH104Z, 0PH134Z, 0PH144Z, 0PH204Z, 0PH234Z, 0PH244Z, 0PH304Z, 0PH334Z, 0PH344Z, 0PH404Z, 0PH434Z, 0PH444Z, 0PH504Z, 0PH534Z, 0PH544Z, 0PH604Z, 0PH634Z, 0PH644Z, 0PH704Z, 0PH734Z, 0PH744Z, 0PH804Z, 0PH834Z, 0PH844Z, 0PH904Z, 0PH934Z, 0PH944Z, 0PHB04Z, 0PHB34Z, 0PHB44Z, 0PHR04Z, 0PHR34Z, 0PHR44Z, 0PHS04Z, 0PHS34Z, 0PHS44Z, 0PHT04Z, 0PHT34Z, 0PHT44Z, 0PHV04Z, 0PHV34Z, 0PHV44Z, 0PPC04Z, 0PPC05Z, 0PPC07Z, 0PPC0JZ, 0PPC0KZ, 0PPC34Z, 0PPC35Z, 0PPC37Z, 0PPC3JZ, 0PPC3KZ, 0PPC44Z, 0PPC45Z, 0PPC47Z, 0PPC4JZ, 0PPC4KZ, 0PPD04Z, 0PPD05Z, 0PPD07Z, 0PPD0JZ, 0PPD0KZ, 0PPD34Z, 0PPD35Z, 0PPD37Z, 0PPD3JZ, 0PPD3KZ,</p>

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Claims included codes (continued)	OPPD44Z, OPPD45Z, OPPD47Z, OPPD4JZ, OPPD4KZ, OPPF04Z, OPPF05Z, OPPF07Z, OPPF0JZ, OPPF0KZ, OPPF34Z, OPPF35Z, OPPF37Z, OPPF3JZ, OPPF3KZ, OPPF44Z, OPPF45Z, OPPF47Z, OPPF4JZ, OPPF4KZ, OPPG04Z, OPPG05Z, OPPG07Z, OPPG0JZ, OPPG0KZ, OPPG34Z, OPPG35Z, OPPG37Z, OPPG3JZ, OPPG3KZ, OPPG44Z, OPPG45Z, OPPG47Z, OPPG4JZ, OPPG4KZ, OQH004Z, OQH034Z, OQH044Z, OQH104Z, OQH134Z, OQH144Z, ICD-10 codes: 0QH204Z, 0QH234Z, 0QH244Z, 0QH304Z, 0QH334Z, 0QH344Z, 0QH404Z, 0QH434Z, 0QH444Z, 0QH504Z, 0QH534Z, 0QH544Z, 0QHQ04Z, 0QHQ34Z, 0QHQ44Z, 0QHR04Z, 0QHR34Z, 0QHR44Z, 0QHS04Z, 0QHS34Z, 0QHS44Z, E878, I501, I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, I509, J182, J810, J811, R002, R05, R0601, R0602, R062, R063, R0682, R0989, R570, R600, R601, R609, R9431, R9439
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