

## Appendix C – Goods, Administration, and Other Codes (GAP)

### ***Document Change History***

Date	Description of Change
20030930	Initial Publication
20040204	Clarify 'Use of Session Fee Codes' (re-written)
<u>20060331</u>	<u>Insurer Examination Codes</u>
<u>20060905</u>	<ul style="list-style-type: none"> <li>• <u>Additional Codes for:</u> <ul style="list-style-type: none"> <li>○ <u>Insurer initiated Examinations;</u></li> <li>○ <u>Practitioner initiated Examinations</u></li> <li>○ <u>Pre-Claim Examinations;</u></li> <li>○ <u>Telephone consultation between Insurer Examiner and Proposing Health Professional;</u></li> <li>○ <u>Rebuttal Examinations.</u></li> </ul> </li> <li>• <u>Deletion of Codes for Independent Examinations.</u></li> <li>• <u>Further Clarification of Session Fee Codes</u></li> </ul>
<u>20060911</u>	<ul style="list-style-type: none"> <li>• <u>Add in PAF codes</u></li> <li>• <u>Change Health Provider initiated examinations codes to H</u></li> </ul>
<u>20060913</u>	<ul style="list-style-type: none"> <li>• <u>Removed I XXAE Examination re approval of an assessment or examination</u></li> </ul>
<u>20100910</u>	<ul style="list-style-type: none"> <li>• <u>Added MIG Codes</u></li> </ul>

**NB The GAP codes currently in use to depict DAC services will be eliminated as the DACs underway are concluded.**

### ***What are GAP Codes?***

GAP codes were developed by Insurance Bureau of Canada in conjunction with automobile insurers and health care providers to cover those items billed to automobile insurers by providers that are not covered by the Canadian Classification of Health Interventions (CCI) or may be more efficiently coded using the GAP codes.

Items that may fall outside of the realm of a medical / rehabilitation procedure, intervention, or service, are coded by providers using GAP codes. These include: goods, supplies, assistive devices, mileage, travel time, pre-approved framework reimbursement codes, telephone consultation between the Insurer Examiner and the proposing health practitioner and session codes. These GAP codes are also used to identify various types of assessments and examinations including: DAC assessments, Insurer Initiated Examinations, Practitioner Initiated Examinations, Pre-Claim Examinations, and Rebuttal Examinations.

The hierarchical coding structure of GAP codes is similar to CCI codes to allow summarizing at various levels. GAP codes can be immediately distinguished from CCI codes by the leading alphabetic character, as all CCI codes begin with a numeric code.

**PROVIDERS SHOULD CONTACT THEIR ASSOCIATIONS FOR GUIDANCE WITH CODING.**

## **GAP Code Structure**

The code structure of GAP codes is modeled after 5-digit CCI base codes.

GAP Base (Mandatory)		
Position 1	Position 2-3	Position 4-5
Section	Group	Intervention

GAP codes include the following broad categories:

Section Code	Section Description
G	Goods and Supplies
A	Other Charges
M	Minor Injury Guideline
P	Pre-approved Frameworks
S	Session Codes
I	Insurer Initiated Examinations (Sec 42)
H	Health Provider Initiated Examinations (Sec 24)
C	Pre-Claim Examination (Sec 32.1)
R	Rebuttal Examination (Sec 42.1)
T	Telephone Consultation between Insurer Examiner and Proposing Health Professional (Sec 24.1)

### ***Presentation Format***

The presentation format for a GAP code includes a decimal after the Section code and Group code. HCAI will accept codes with or without decimals. As GAP codes are immediately distinguished from CCI codes by the leading alphabetic character, there is never a need for an asterisk.

### ***Data Storage and Transmission (for Practice Management Software)***

Decimals should not be included in machine-readable data. The current maximum length of a GAP code is 5 alphanumeric characters.

### ***Using Session Fee Codes***

Session Fee codes are billing codes that providers may wish to use for a group of physical rehabilitation services. Providing use of the Session Fee is approved by the insurer and the Treatment Plan contains a complete description of the interventions included in a Session, these codes allow you to use a session fee code on the invoice, thereby eliminating the need to itemize each service or intervention rendered on each specific date of service.

**NB:** Use of session codes in the invoice is limited to those facilities that have obtained insurer approval through the Treatment Plan (OCF-18). Failure to supply details of the proposed component interventions will be considered incomplete.

A physical rehabilitation Session Fee code can be proposed on a Treatment Plan for an injury requiring these services, providing the injuries are not subject to a Pre-approved Framework. Session Fee codes may not be used in conjunction with a Pre-approved Framework, nor can they be used to replace a Pre-approved Framework. Also, Session Codes may only be used for physical rehabilitation treatments such as manual therapies, exercise, education, and other physical interventions.

When Session Fee codes are used on invoices, any physical rehabilitation modalities and interventions over and above the Session Fee codes are not separately reimbursable.

The fees that are declared on the treatment plan should be clear and allow comparison with the Superintendent of Insurance’s professional fee guidelines. As well, they should appropriately reflect the provider-to-patient ratio for services rendered in group settings. Component interventions should clearly indicate the provider rendering the service, the cost of the service, and, where appropriate, the amount of time spent with the patient by each provider. As described in the next paragraph, there are some circumstances where the time spent is not required. **The total cost of the session is the sum of the component services or interventions.**

It is expected that providers will use time as the quantity of measure for health care services and interventions when they have historically done so. This means that use of the ‘pr’ code for procedure should be limited to interventions where there is a history of invoicing on a procedure basis – examples of this are radiology, manipulation, forms completion. The compensation rate for interventions coded as ‘pr’ should be consistent with the intent of the Superintendent’s fee guidelines.

**Sample Chiropractic Session**

Part 12 Proposed Goods and Services <small>To the extent possible, the Treatment Plan should include all goods and services (G/S) contemplated by the Health Professional/Facility for the period of the Treatment Plan</small>									
G/S Ref	Description	*Code	*Attribute	Provider Ref	Estimate / Day			Projected	
					Quantity	*Measure	Cost	Total Count	Total Cost
<b>1</b>	<b>Physical Rehabilitation Session</b>	<b>S.ZZ.PR</b>			<b>1</b>	<b>Sn</b>	<b>66.68</b>	<b>10</b>	<b>666.80</b>
	▪ Interactive assessment	2.ZZ.02		A	1	Pr	12.83		
	▪ Spinal Manipulation	1.SC.72		A	1	Pr	17.10		
	▪ Exercise	1.ZZ.02	CA	B	0.75	Hr	36.75		

**Sample Physiotherapy Session**

Part 12 Proposed Goods and Services <small>To the extent possible, the Treatment Plan should include all goods and services (G/S) contemplated by the Health Professional/Facility for the period of the Treatment Plan</small>									
G/S Ref	Description	*Code	*Attribute	Provider Ref	Estimate / Day			Projected	
					Quantity	*Measure	Cost	Total Count	Total Cost
<b>1</b>	<b>Physical Rehabilitation Session</b>	<b>S.ZZ.PR</b>			<b>1</b>	<b>Sn</b>	<b>78.75</b>	<b>10</b>	<b>787.50</b>
	▪ Electric Stimulation	1.S1.09		A	.25	Hr	21.00		
	▪ Mobilization	1.S1.01		A	.25	Hr	21.00		
	▪ Exercise	1.ZZ.02	CA	B	0.75	Hr	36.75		

## Treatment Plan with Session Codes

The fee for treatment sessions is indicated with the goods and service reference number and session code as shown in the examples above. The interventions or procedures which will be rendered in the sessions are itemized but have no separate goods and service reference number, as they will not be itemized when invoicing.

## Invoice with Session Codes

Providing the insurer has previously agreed, when invoicing, the provider need only indicate the date of the session, the session code, the providers involved in rendering services each day and the approved session fee.

## **GAP Code List**

Code	Description
<b><u>A</u></b>	<b><u>Other Charges</u></b>
AXXCN	Cancelled Appointment
AXXCT	Claimant Transportation
AXXKM	Mileage (Provider)
AXXNS	Missed Appointment ("no show")
AXXOT	Other
AXXTR	Claimant Translation Services
AXXTT	Travel Time (Provider)
<b><u>I</u></b>	<b><u>Insurer Initiated Examinations and reports (Sec 42)</u></b>
IXXAC	Attendent Care
IXXCA	Catastrophic
IXXCO	Combined Assessments (addressing more than one type of benefit application)
IXXDI	Disability Pre 104 weeks
IXXMR	Med/Rehab
IXXPW	Disability Post 104 Weeks
IXXDR	Involvement in subsequent dispute resolution
<b><u>H</u></b>	<b><u>Health Provider Initiated Examinations and reports (Sec 24)</u></b>
HXXAC	Attendent Care
HXXCA	Catastrophic
HXXCO	Combined Assessments (addressing more than one type of benefit application)
HXXDI	Disability Pre 104 weeks
HXXMR	Med/Rehab
HXXPW	Disability Post 104 Weeks
<b><u>M</u></b>	<b><u>Minor Injury Guideline</u></b>
MIG00	Initial visit (1 Session)
MIG01	Block 1 (weeks 1 to 4)
MIG02	Block 2 (weeks 5 to 8)
MIG03	Block 3 (weeks 9 to 12)
MIGMO	Health practitioner monitoring
MIG24	Completion of Guideline Discharge Report (OCF24)
MIGSG	Supplementary goods and services

Code	Description
MIGTR	Transfer fee if insured person changes health practitioner
<b>P</b>	<b>Pre-Approved Frameworks</b>
PWXAN	Activities of normal life
PWXB1	Block Fee 1
PWXB2	Block Fee 2
PWXB3	Block Fee 3
PWXDM	Early Discharge & Monitoring
PWXEV	Extension Visit
PWXEX	Final Assessment Report
PWXSC	Supplementary Condition Services
PWXTR	Transfer
<b>C</b>	<b>Pre-Claim Examinations and reports (Sec 32.1)</b>
CXXPC	Pre-Claim Examination and report
<b>R</b>	<b>Rebuttal Examination and report (Sec 42.1)</b>
RXXPR	Rebuttal "paper review" Examination and report
RXXIP	Rebuttal "in person" Examination and report
<b>I</b>	<b>Telephone Consultation between Insurer Examiner and Proposing Health Professional</b>
TXXTC	Telephone Consultation (max 30 minutes) between Insurer Examiner and Proposing Health Professional
<b>S</b>	<b>Session Codes</b>
SZZPR	Physical Rehabilitation
<b>G</b>	<b>Goods and Supplies</b>
GXX01	Back Roll
GXX02	Back Support (e.g., back support with rigid shell)
GXX03	Bath Bench
GXX04	Bath Scrubber (long-handled)
GXX05	Bath Tub Seat
GXX06	Brace
GXX07	Cane
GXX08	Collar (cervical)
GXX09	Crutches
GXX10	Dusting Device (long-handled)
GXX11	Educational Material (handouts, books)
GXX12	Elastic Bandage
GXX13	Ergonomic Mat
GXX14	Exercise Equipment
GXX15	Gloves (protective and therapeutic)
GXX16	Heat Lamp
GXX17	Heat Pad
GXX18	Hot/Cold Gel Pack
GXX19	Laundry Bag – mesh
GXX20	Long-handled Reacher

Code	Description
GXX21	Lumbar Support (high)
GXX22	Lumbar Support (low)
GXX23	Massager (personal)
GXX24	Orthopaedic Devices
GXX25	Orthotic Devices
GXX26	Pillow (aqua)
GXX27	Pillow (cervical)
GXX28	Pails/Mops (light weight)
GXX29	Shower Hose/Head (hand held)
GXX30	Sleep Roll
GXX31	Sling
GXX32	Splint
GXX33	Stool
GXX34	TENS Unit
GXX35	TENS Unit Accessories
GXX36	Therapy Ball
GXX37	Toenail Clipper - long reach
GXX38	Toilet Seat (raised)
GXX39	Traction Equipment
GXX40	Vacuum Cleaner (light weight)
GXX41	Walker
GXX42	Wristband
GXX99	Other