



APC PRICER

The APC Pricer Program (Ambulatory Payment Classification) is a complete system for editing and calculating reimbursement of hospital outpatient procedures based on the CMS Outpatient Prospective Payment System (OPPS). An APC is calculated for each applicable line item on the claim. This program is run after claims have been validated and placed in Plexis Claim Manager.

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APC Description

Pricing for claims is done via the third party application “Encoder-Plus for 95/XP” by “Micro-Dyn Medical Systems, Inc.”.

The “APC Pricer” application’s main function is to input claims into the “Encoder-Plus for 95/XP” application in batch mode; retrieve the pricing amounts generated by the “Encoder-Plus for 95/XP” application and then allow these amounts to be uploaded to the correct claims within the data source which the claims were retrieved from.

Claims and their detail lines are input into the “Encoder-Plus for 95/XP” using the “APC Fixed-Length File Format”. For data which is input into the “Encoder-Plus for 95/XP” please see the “Help/Encoder-Plus Help” on the main menu of the “Encoder-Plus for 95/XP” application -- open “Data File Formats/APC Data Formats/APC Fixed-Length File Format”. The values output from the “Encoder-Plus for 95/XP” after processing are retrieved from the “Encoder-Plus for 95/XP” generated file shown in the “APC Fixed-Length File Format (Data Output)”.

Application Updates and Notes

Note: The “Encoder-Plus for 95/XP” which does the pricing for each procedure line of the claim as of March 11, 2009 only allows a total of **100 lines** of a single claim to be processed. What this means is that procedure lines over the 100 limit will not be priced.

Note 10/12/2010:

Inputting claims into the “Encoder-Plus for 95/XP” with the History Option “Write batch cases with edit errors to the Error File” at default setting of checked will result in the continual increase in the size of the ENUSR140.MDB file located in the “C:\Documents and Settings\YOUUSERLOGIN\Application Data\MicroDyn\Encoder+” directory. This results in “There are no case(s) to print” when viewing the loaded claims from the Encoder-Plus For 95/XP application from the menu/reports.

To eliminate this problem select “Open—APC Encoder Plus” from the link on the main APC Pricer page. This will open the MicroDyn “Encoder-Plus For 95/XP” application. Select Options, then select the History Option tab. Uncheck the “Write batch cases with edit error to the Error file” if checked.

New 12/06/2010:

Addition of Plexis procedure line User Defined Field of Medicare Rate. The Medicare Rate UDF value is updated to Encoder Plus 100% payment amount

Encoder Plus processed procedure line returns with Status Indicator “A” (non-opps) Plexis [allowed] amount calculated and updated via internal fee schedule @ APC Pricer percentage for provider and or data source percentage.

New application tab Config added to set system settings and user preferences.

New 08/15/2011:

If the Encoder Plus application returns Outlier amounts for any priced procedure lines then a new procedure line is inserted into the claim if it does not exist. If it exists the line is updated.

New line:

“Service” (claim_procedure.procedurecode_ud) = **OUT

“From” = claim.first_from_service_date

“Thru” = claim.last_to_service_date

“Units” = 1

“Allowed” = sum of all Encoder Plus priced lines with outlier amount

Note: this amount adjusted for any provider adjustment

“Status” = RE_ADJUDICATE

claim_procedure.clean_date = claim.clean_date

EOB of (_70) with Additional Info of “APC Outlier Applied” added to the line if it does not exist.

New 12/18/2011:

“Encoder Plus” Pricing Code [APC]: The APC Pricer Code (shown on grid as field APC) value returned from the “Encoder Plus” application added to the claim_procedure_eob.additional_information field when claim updated.

New 2/3/2012:

Place of Service Set: To accommodate potential custom place of service use in pricing, the procedure to get claims now uses a place of service set to define outpatient and ER claims. The name must be \$APC OP/ER. Typically, it will be created with POS 22 and 23. Use any date for effective date, as the procedure does not consider dates at this time.

Connection to Database



By using the drop down arrow, determine which database you wish to work with, enter User Name and Password (only if using SQL authentication), then click OK button.

Configuration Tab (Config)

The “Config” tab sets user and application setting for the APC Pricer application.

Claim Calendar Selection (Check Boxes):

- Your UB Claims are Identified as (MMddy) Plexis default
- Your UB Claims are Identified as (yyMMdd)

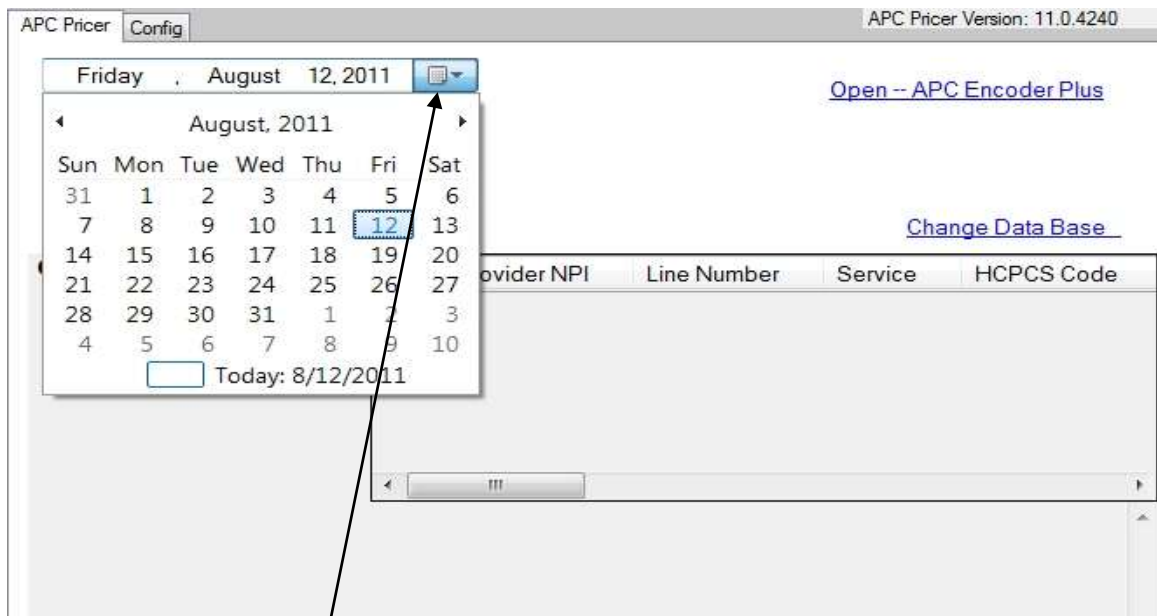
Show Encoder Plus for Report View (Check Boxes):

- If unchecked then when a claim or batch of claims are input into the “Encoder Plus” application the “Encoder Plus” application does not open for Report Viewing. Due to the version of the “Encoder Plus” application only a total of 50 claims can batch input into the “Encoder Plus” application for processing.



The screenshot shows the 'APC Pricer Config' window. The title bar includes 'APC Pricer' and 'Config' on the left, and 'APC Pricer Version: 11.0.4240' on the right. Below the title bar is a blue header for 'Application Configuration'. Underneath, there is a section titled 'Claim Calendar Selection' with a white background and a thin border. This section contains three check boxes: the first is 'Your UB Claims are Identified as (MMddy) Plexis Default' (unchecked), the second is 'Your UB Claims are Identified as (yyMMdd)' (checked), and the third is 'Show Encoder Plus for Report View' (checked).

Date Selection



Select the records by date from the drop down arrow; date claim was entered into Plexis. After the date selection has been made, click on the "Get Data" button – located just beneath the date. This will search for records from Plexis with UB Claim Dates equal to the date selected; these claims are then batch fed into the Encoder Plus application via the APC Pricer for processing.



Note; if the returned claim count from the selected date is greater than 50, the claims will be processed into separate 50 claim records per input file.

If the "Show Encoder Plus for Report View" check box is checked on the "APC Pricer" "Config" tab then the Encoder Plus application will open for each 50 claim file count allowing for viewing or printing of reports for input claims. Closing the Encoder Plus Application will then allow the APC Pricer to process the next 50 claims if they exist.

If the "Show Encoder Plus for Report View" check box is not checked then the Encoder Plus application will open and close automatically for each 50 claim count input.

Explanation of Encoder Screen



When data is transferred into the APC Pricer, the above screen appears – this screen will allow you to do calculations by entering ‘manual’ file information, reporting, references and lookups. The reporting will show all claims brought into the APC Pricer for the date selected, even if you decide to work on one claim at a time.

For processing the APC Pricer information that was transferred, please close this screen.

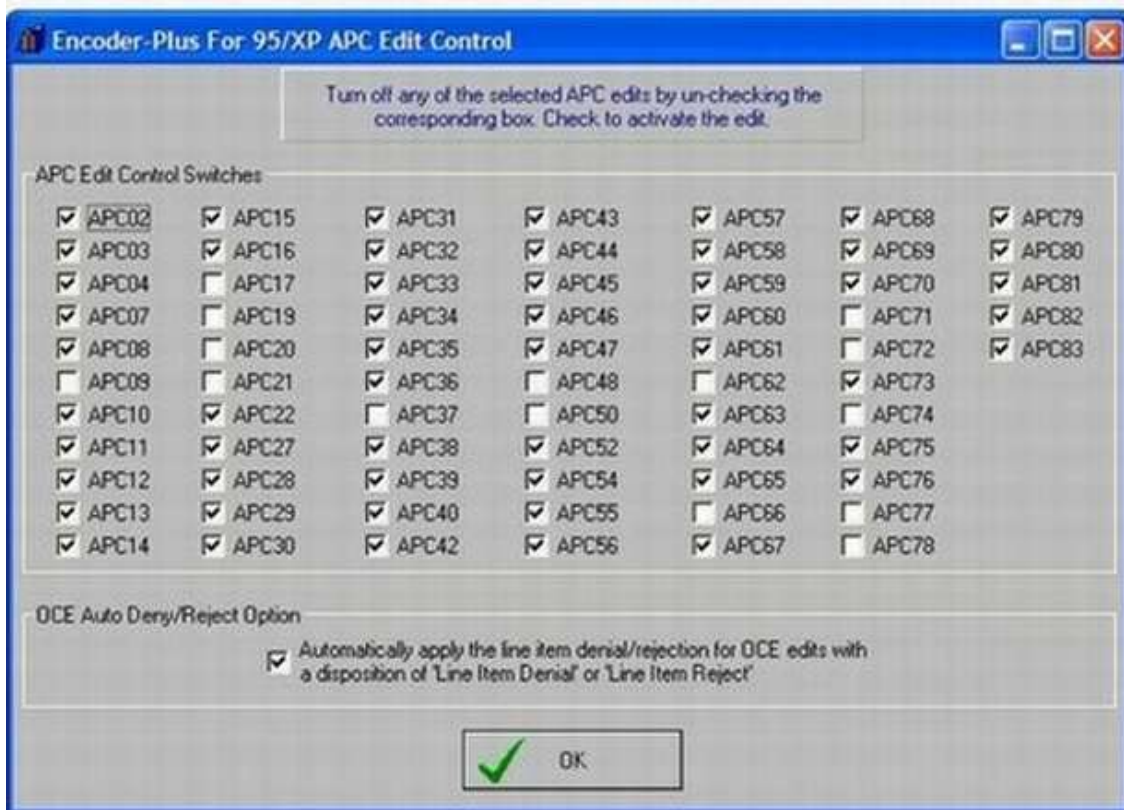
Encoder Plus For 95/XP APC Edit Control

Please note pricing results returned by the are dependent on the configuration of the “ACP Edit Control” configuration located under Tools/APC Edit Control located within the Encoder Plus For 95/XP application.

Depending on the APC edits check various edits will be performed via the” Encoder Plus” application and will return differing pricing on claim lines.

Below is one such configuration for pricing of claims

For more information refer to the “Encoder Plus For 95/XP” application Help menu



Working with a Claim

- 1) We will work on claim UB110708EDG0025. Bring up the claim in Plexis Claim Manager. Validate data in Plexis is entered correctly. Once verified, close out of the claim in Plexis before you update the APC Pricer to Plexis.

The screenshot shows the APC Pricer software interface. At the top, it displays "APC Pricer Config" and "APC Pricer Version: 11.0.4240". Below this, there is a date selector set to "Friday, July 08, 2011" and a "Claim Count 147" indicator. There are buttons for "GetData" and "Update". A status bar indicates "APC Processed Files: pcm ATRIO 91".

The main area is divided into two sections. On the left is a list of claim IDs, each with a checkbox. The claim "UB110708EDG0025" is selected and highlighted in blue. On the right is a detailed view of the selected claim, which includes a table of procedure lines and a text area for diagnosis codes and other details.

Provider NPI	Line Number	Service	HCPCS Code	Service Date	Units	Cha
1659340370	1	R300	86580	5/24/2011	1	
SKY LAKES MEDICAL CENTER, INC			71020	5/24/2011	1	
	3	R510	99213	5/24/2011	1	

Below the table, the text area displays the following information:

```
Encoder-Plus Version 14.03.0001
Acct: UB110708EDG0025 ---- [Adj Pymt] = 105% of Encoder returned [Pymt] ----
Provider ID: 1659340370
Provider: SKY LAKES MEDICAL CENTER, INC

DIAGNOSIS CODES:
ADX:                               DX9:
PDX: 7862                          DX10:
DX3: 78900                          DX11:
DX4: 7808                            DX12:
```

Please note that this form is resizable allowing greater visibility.

- 2) After the Get Data button has been clicked and Encoder Plus has been closed, you will see the above APC Pricer screen, showing all claims meeting the date specification requested. Selecting "UB110708EDG0025" from the list as shown will display all the procedure lines for the claim.
- 3) Listed claims in the list at the left that return in red font alerts the user that an error exists in the claim and the "Encoder Plus" application did not process it. To view error select the claim and resulting text will display error.
- 4) The "Encoder Plus" pricing results are shown below the grid displaying the procedure lines. The text shown is also the contents of the claim note when the "Update" button is selected.

Working with a Claim (Cont.)

APC Pricer Config APC Pricer Version: 11.0.4240

Friday, July 08, 2011 [Open -- APC Encoder Plus](#)

Get Data Claim Count: 147

Update

APC Processed Files: pcm ATRIO 91 [Change Data Base](#)

Claim ID	Plexis Allowed (Current)	APC	Status Indic	Encoder Pymt	Adjusted Payment	Pay
<input checked="" type="checkbox"/> UB110708EDG0002	\$53.20	00260	X	\$48.36	50.78	
<input checked="" type="checkbox"/> UB110708EDG0003	\$6.58	00341	X	\$5.98	6.28	
<input checked="" type="checkbox"/> UB110708EDG0004	\$88.73	00605	V	\$80.66	84.69	

Encoder-Plus Version 14.03.0001
Acct: UB110708EDG0025 ---- [Adj Pymt] = 105% of Encoder returned [Pymt] ----

APC Pricer Config APC Pricer Version: 11.0.4240

Friday, July 08, 2011 [Open -- APC Encoder Plus](#)

Get Data Claim Count: 147

Update

APC Processed Files: pcm ATRIO 91 [Change Data Base](#)

Claim ID	Payment Adjusted Percent	Non-OPPS Adjustment	medicare_reimbursement_amount	ded
<input checked="" type="checkbox"/> UB110708EDG0002	105%	1.050	\$38.69	\$0.00
<input checked="" type="checkbox"/> UB110708EDG0003	105%	1.050	\$3.74	\$0.00
<input checked="" type="checkbox"/> UB110708EDG0004	105%	1.050	\$64.53	\$0.00

Encoder-Plus Version 14.03.0001
Acct: UB110708EDG0025 ---- [Adj Pymt] = 105% of Encoder returned [Pymt] ----
Provider ID: 1659340370

Displayed claim procedure values

- “Plexis Allowed (Current)” is the amount currently in Plexis.
- “Encoder Payment” is the calculated returned value from the Encoder Plus application
- “Adjusted Payment” is the value which will be updated to the “Allowed” field in Plexis when the “update Plexis” button is selected.
- Only the claim procedure lines which return an “Encoder Payment” will display values in the “Adjusted Payment” and “Payment Adjusted Percent” fields
- “Payment Adjusted Percent”, the provider pricing adjustment value used for the adjusted payment amount
- “Non-OPPS Adjustment” is the decimal equivalent of the ‘Payment Adjusted Percent’ and is used to calculate the amount if the claim line has a “Status Indic” value of “A”. This value is used to adjust amount from an internal Plexis fee schedule when updating the procedure line.

Working with a Claim (Cont.)

The amount listed in the "Adjusted Payment" column is what will be updated to Plexis depending on the criteria listed below for each claim procedure line listed in the displayed table.

- Either an "EOB" (1034 - "APC Pricing Applied") or "EOB" (N19 - ("Procedure code incidental to primary procedure")) will be added for each updated procedure claim line displayed in the grid depending on criteria below.
- The " Adjusted Payment" will be 105% of returned "Encoder Pymt".
- If Encoder Plus returns a "SI" (Status Indicator) of "A" (Services not paid under OPPS; paid under fee schedule or other payment system) and an "Adjusted Payment" of .00 then procedure line is priced from an internal Plexis fee schedule.
- If Encoder Plus returns a "SI" of "L" (Flu/PPV vaccines) or the "SI" is blank then neither the "Allowed" amount nor an EOB is updated to Plexis.
- If Encoder Plus returns "SI" of "N" (Packaged incidental service) and an "Adjusted Payment" amount of .00 then Plexis is updated with an amount of \$.00 and an EOB of "N19" is added.
- The claim procedure line within Plexis is set to "RE_ADJUDICATE" if [Allowed] amount within Plexis is updated from the above criteria.
- A claim note is auto created on the claim within Plexis. The note will contain text as shown below the claim procedure lines.
 - Category: "Claim Pricing"
 - Subject: "APC Pricer"
 - Status: "Open"
 - Priority: "Medium"
 - Owner: "Claim Pricing"
 - Created By: "User Name"
- If the Encoder Plus application returns Outlier amounts for any priced procedure lines then a new procedure line is inserted into the claim if it does not exist. If it exists the line is updated.
 - New line
 - “Service” ([claim_procedure.procedurecode_ud]) = **OUT
 - “From” = [claim.first_from_service_date]
 - “Thru” = [claim.last_to_service_date]
 - “Units” = 0

“Allowed” = sum of all Encoder Plus priced lines with outlier amount

“Status” = RE_ADJUDICATE

[claim_procedure.clean_date] = [claim.clean_date]

- EOB of (_70) with Additional Info of “APC Outlier Applied” added to the line if it does not exist.

Updating Claim in PCM

- 5) Selecting the Update button . Only claims which have a check in the check box next to the list of claims will update. To unselect all or select all, check or uncheck the check box ‘Claim ID’.

You will get a warning and a chance to back out if you are not ready to update the claim/s in Plexis.

A progress bar will appear showing progress of the update.

The screenshot shows the APC Pricer software interface. At the top, it displays 'APC Pricer' and 'Config' tabs, with the version 'APC Pricer Version: 11.0.4240'. The date is set to 'Friday, July 08, 2011'. There are buttons for 'Get Data' (showing 'Claim Count 147') and 'Update'. Below this, it says 'APC Processed Files: pcm ATRIO 91' and a 'Change Data Base' link.

The main area is divided into two panes. The left pane shows a list of 'Claim ID' entries, all with checked boxes. The right pane shows a detailed view of a claim with the following data:

Provider NPI	Line Number	Service	HCPCS Code	Service Date	Units	Cha
1659340370	1	R300	86580	5/24/2011	1	
	2		71020	5/24/2011	1	\$
	3	R510	99213	5/24/2011	1	

Below the table, the software displays 'Encoder-Plus Version 14.03.0001' and 'Acct: UB110708EDG0025 ---- [Adj Pymt] = 105% of Encoder returned [Pymt] ----'. It also shows 'Provider ID: 1659340370' and 'Provider: SKY LAKES MEDICAL CENTER, INC'. A 'DIAGNOSIS CODES:' section lists:

ADX:		DX9:
PDX:	7862	DX10:
DX3:	78900	DX11:
DX4:	7808	DX12:

- 6) After update open Plexis and pull up a claim which has been updated. You will see that the Allowed has been filled in and the Status has Re_Adjudicate from the APC Pricer Program, plus a note saying APC Pricing Applied.
- 7) If the claim has over 100 lines, the lines in Plexis over that 100 line count will not have the amount allowed dollar figure. You will need to enter manually that dollar figure.

Continue working on claim, verifying the EOB's and entering the correct Status, until the claim has been completed.

(Institutional (04) Claims Adjudicator Entry) - [Editing]: URG90119EDT0006

Claim ID: URG90119EDT0006
 Received: 01/15/2009
 Entered: 01/19/2009
 Clean: Pend Reason: Claim Status: OPEN

Part One | Part Two

1 PROVIDER ID: 1345237971 PROVIDER LAST NAME: SACRED HEART MEDICAL CTR PROVIDER FIRST NAME: 3A PATIENT CONTROL NO: 29144743 3B MEDICAL RECORD NO: 0206931
 5 FED TAX NO: 30099503 PROVIDER OFFICE ID: NETWORK ID: 6 STMT COVS PERIOD FROM: 01/02/2009 THROUGH: 01/02/2009 BD7: EPISODE ID:
 VENDOR ADDRESS: 8 PATIENT ID: AA315988 LAST NAME: FIRST NAME: MIDDLE NAME: 10 BIRTHDATE: 11 SEX:

ADMISSION: 12 DATE: 01/07/2009 13 HR: 14 TYPE: 15 SRC: 18 DISCHARGE: 21 D-HR: 22 STAT: 19 20 21 22 23 24 25 26 27 28 CONDITION CODES: 29 Accident State: BD30:
 31 OCCURRENCE CODE: A 32 OCCURRENCE DATE: B 33 OCCURRENCE DATE: C 34 OCCURRENCE DATE: D 35 OCCURRENCE SPAN FROM: THROUGH: 36 OCCURRENCE SPAN FROM: THROUGH:
 37 SUBSCRIBER ID: 38 SUBSCRIBER NAME: 39 VALUE CODES CODE: AMOUNT: 40 VALUE CODES CODE: AMOUNT: 41 VALUE CODES CODE: AMOUNT:

Service	ST	Procedure	PT	Modifiers	Rates	From	Thru	Units	Charges	Allowed	COB	Net Pay	Status	EOB#
R450	Rev	9502	OPI			01/07/2009	01/07/2009	1.00	\$231.00	\$70.97		\$73.54	RE_ADJUDICATE	014 CPA
TOTALS									\$231.00	\$70.97	\$0.00	\$73.54		

View Line Negate Line Adjudicate Claim Clear Adjudication View Accumulation

Institutional Claim Service Detail: (Institutional (04) Claims Adjudicator Entry) - [Editing]: URG90119EDT0006

Procedure: R450
 Received Date: Clean Date: Procedure Code: R450 From Service Date: 1/7/2009 To Service Date: 1/7/2009
 Modifiers 1-4: Principal Dx Code: 845.9 Admit Dx Code: E Code:

Payment Calculation

Charges	\$231.00
Units	1.0000
Allowed Amount	\$73.54
Contacted Amount	\$73.54
Wyle Off	\$157.46
Ineligible	\$0.00
Member Share	\$0.00
Deductible	\$0.00
Coinsurance	\$0.00
Co-payment	\$0.00
Primary COB	
Second COB	
Management Fee	\$0.00
Withhold	\$0.00
Net Pay Due	\$73.54

Status: PEND

Adjudication Information

Adj Run ID: Adjudication Date: 1/19/2009
 Capitation Status: FFS Equivalent:

Accounting Information

Payables Batch: Check Date: Check Number: FFS Vendor ID: 90045 TPA Check Date: TPA Check Number:

Procedure EOBs

EOB	Name	Additional Information
014	All claims pending for Benefit Class or Exceptio	
014	Claim Pending for Attachments	Pend for attachment
1034	APC Pricing Applied	APC Pricing Applied

Procedure 1 of 1
 Cancel Exit Help

Repeat from date selection until you have completed desired claims.

Installation of APC Pricer

Installation of APC Pricer is very simple:

Click on Setup.exe for the APC Pricer application. Follow prompts until set up has been completed.

Note: An existing APC Pricer will be removed and the new version of the APC Pricer will be installed. This does not affect the installed Encoder-Plus for 95/XP Application.

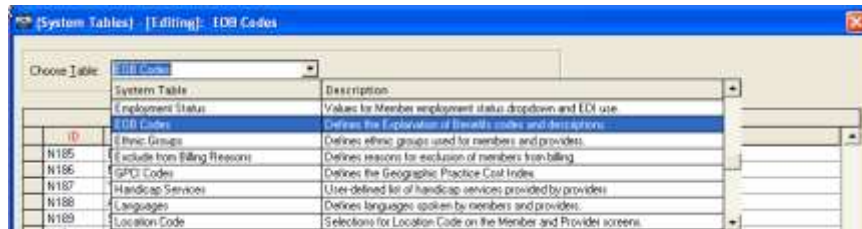
APC Pricer application updates are handled automatically. When the application is opened a process runs which checks for any updates from a location on the ABCT.com website where licensing and user management is located. If an update is found then an update is performed.

PCM Configuration

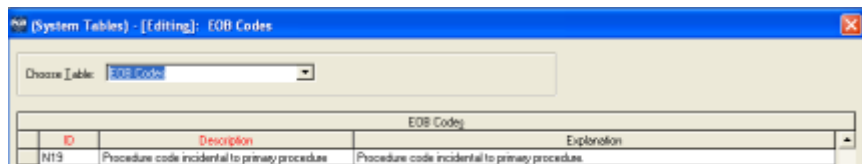
EOB Codes

Next, make sure that you have EOB Codes N19 and 1034 created.

Still under System Tables, Select EOB Codes:



If not created, create an N19 “Procedure code incidental to primary procedure”



And 1034 “APC Pricing Applied”



Medical Groups

Create a Medical Group ID for each percent payment you will be using, named \$APC 100%, for example.



For this medical group, you must enter the Institutional provider NPI'S with an effective date but no term date.

For Reference --

Users using the APC Pricer application, below shows is a listing of each medical group prefix used for each claim type for that application:

Prefix	Claim Type
\$APC	Outpatient, ER

Place of Service Set

Create a Place of Service Set with an Id of \$APC OP/ER. Add POS 22 and 23 to it, and any custom POS for Outpatient or ER, if used.

(Place of Service Set) - [Editing]: \$APC OP/ER

ID: \$APC OP/ER Name:

Description:

Places of Service				
	Place of Service ID	Place of Service Name	Effective From	Effective Thru
▶	22	Outpatient Hospital	1/1/1990	
	23	Emergency Room	1/1/1990	
*				

Contracts (Non-OPPS Payments)

For each provider that is to use the Pricer, set up the contract as you would if PCM were determining the payment, including linking to fee schedules. (You will need the fee schedule for the Non-OPPS rates for some codes) Check the “Use Allowed Amount” checkbox in the contract once the fee schedules are set up.

(Payment Contract Definition) - [Editing]: NC DRG HOSP PO, 00835 01 PORTLAND, OR DRG Rates

ID: Name:
 Description:

Management Fee Percent:
 Withhold Percent:
 Max Members for whom Provider Is PCP:
 Capitation Contract ID: ...
 Expected Payment Contract ID: ...
 Timely Filing Days: ...

Management Fee Computation:
 Diagnosis Codes:
 Deduct Member Responsibility
 From:

Payment Contract Pricing Criteria
 Use Allowed Amount
 Use CMS Assistant Surgeon Rule

Reduce Contract to Billed Amount
 PEND Codes That Are Not In Fee Schedules

Fee Schedule Selectors							
	Precedence	POS Set ID	TOS Set ID	ZIP/Postal Code Set ID	FS Selector ID	Eff From	Eff Thru
	PRIMARY				MED HOSP LA	4/1/2011	6/30/2011
	PRIMARY				HOSP LAB/DF	7/1/2011	12/31/2011
	SECONDARY				H-NON-APC-O	6/1/2010	12/31/2010
	SECONDARY				H-NON-APC-O	1/1/2011	

Procedure Code Depreciation							
	Px Code Group ID	Modifier Group ID	Schedule ID	Ranking Method	EOB Code	Eff From	Eff Thru
*							