

ABC Codes: Key to Integrative Success?

by Renée Downing

Despite a growing demand for complementary and alternative therapies, many integrative health care facilities are struggling to survive. A key reason for the struggle, say most experts, is the inability to obtain third-party reimbursement for complementary and alternative therapies. Because almost no CAM therapies are included in the billing codes that insurers require, providers can't bill for them, leaving patients to pay for these services largely out-of-pocket.

Indeed, since the adoption of current procedural terminology (CPT) codes by the Health Care Financing Administration in 1983, the American Medical Association (AMA)—which developed and owns the CPT code system—has had a strangle-hold not only on which health care services are likely to be covered by insurance, but also on who can be reimbursed for those services. Historically, the disease-oriented CPT codes have dealt almost solely with services ordered or performed by physicians—leaving the work of nurses and alternative practitioners untrackable, unbillable, and therefore invisible to the reimbursement system.

But all that may be changing, thanks to what some consider a surprising decision by Tommy Thompson, secretary of the U.S. Department of Health and Human Services (DHHS).

ABC codes

On January 16, 2003, Thompson approved a two-year program for the commercial use and evaluation of an independent code set known as alternative billing concept (ABC) codes. Developed over the last seven years by Alternative Link, an upstart outfit based in New Mexico, the ABC code set includes about 4,200 fee-linked codes for alternative care, nursing care, and other integrative health care practices based on a wellness model rather than a disease model. ABC codes don't replicate what CPT codes already cover; instead, they augment the CPT system.

To develop the terminology used in the ABC codes, Alternative Link worked with professional organizations

representing midwives, Chinese and Oriental medicine practitioners, herbalists, chiropractors, naturopaths, acupuncturists, and nurses. In addition, Alternative Link canvassed every state to determine which providers have the legal authority to bill for which services.

Each code is a five-character alphabetic representation of a service or intervention. The first three letters provide broad information about the category, subcategory, and increment of the intervention. The last two describe a particular service or supply. For example, in the code CEBAM, C indicates the category *practice specialties*; E indicates the subcategory *midwifery services*; B indicates an increment of *midwifery services, antepartum care*; and AM indicates the specific intervention, *high-risk pregnancy identification*. An optional two-character extension can be added to specify practitioner type.

TO PARTICIPATE IN THE TWO-YEAR TEST OF ABC CODES, YOU MUST REGISTER AS A USER AND EVALUATOR OF THE CODE SET, AND YOU MUST DO SO BY **MAY 29, 2003**. TO REGISTER, GO TO WWW.ALTERNATIVELINK.COM.

CPT expansion

Why not simply add CAM codes to the existing CPT code set? In fact, a movement within the AMA has attempted to and may still be attempting to do just that. After all, the AMA has a vested interest in keeping its monopoly on third-party reimbursement codes. Currently, the organization collects at least \$18 million annually (some estimates run much higher) in CPT usage fees.

Plus, CPT codes allow the AMA to effectively control who is authorized to bill for services. The editorial panel that reviews changes to the CPT system is comprised of 17 people, 16 of whom are physicians. Since physicians may end up competing directly with non-

physician providers of CAM services, they have something of a disincentive to vigorously expand CPT codes into the realm of CAM practice.

There are regulatory considerations as well. For a procedure to be assigned a CPT Level I code—in other words, to make it reliably billable—it must be FDA-approved and performed in multiple locations nationwide by many physicians or other health care professionals. “Emerging technologies” are assigned CPT III codes, which are subject to various AMA filters, are reviewed every 6 months, and aren't assigned relative value units, which form the underlying rationale for reimbursement levels. Consequently, CPT III codes can't be used for billing.

All of which, from a nursing perspective, makes CPT codes a less than desirable home for CAM codes.

Two-year test

The fine points of adding CAM services to CPT codes may be moot anyway now that ABC codes are poised to enter a two-year test phase to evaluate their cost-benefit. During the test, Alternative Link will provide data to DHHS so the agency can evaluate CAM fees, efficacy, and outcomes. Only registered users can participate in the test, some 9,000 of whom have already signed up.

The goal, according to Alternative Link, is for the ABC code set to become a national standard under the Health Insurance Portability and Accountability Act of 1996. This act, which mandates precise billing for health care services, and imposes substantial fines for incorrect billing, is one of the engines behind the movement for functional, specific coding.

Advocate view

Advocates of this goal—including the American Nurses Association—see the adoption of ABC codes as a step forward for nursing and integrative care, with potentially enormous implications for the American health care system.

“We're absolutely delighted that DHHS has formed this demonstration project for ABC codes,” says Carol J.

continued

History of CPT and ABC codes

1966 - AMA publishes the CPT code manual, which includes mainly surgical procedures

1970 to 1977- AMA publishes the second, third, and fourth editions of the CPT code manual, adding diagnostic and therapeutic procedures and adopting a standardized 5-digit coding system

1983 - Health Care Financing Administration (HCFA) adopts CPT codes for Medicare Part B

1987 - HCFA mandates CPT codes for reporting outpatient hospital surgical procedures

1996 - Alternative Link begins compiling terminology to describe alternative, nursing, and other integrative health care interventions, working directly with constituent providers (including the Nursing Intervention Classification System, the OMAHA system for community healthcare, and the Home Health Care Classification system)

2002 - Alternative Link transfers ABC terminology rights to the Foundation for Integrative Healthcare, a 501 (c)(3) non-profit organization

2003 - DHHS approves evaluation of ABC codes as a proposed modification to current coding

Bickford, PhD, RNC, senior policy fellow with the ANA. In fact, says Bickford, the ANA has “gone to bat for ABC codes” both because they provide a standardized method to describe what nurses do and because they’ll help to “make sure non-physician providers and caregivers are included in the standard for reimbursement.”

“Payment will follow establishment of a national standard rather quickly, I believe,” says Synthia Laura Molina, CEO of Alternative Link. “With codes in place, payors will be able to see what works and what will save them money in the long run. I think reimbursement and direct access will come once the information is there.”

Lisa Anselme, RN, BLS, CHTP/I, HNC, Executive Director of Healing Touch International and a strong supporter of ABC codes, agrees. “One reason that nursing gets cut every time there’s a budget crunch is that nurses’ activities have not been trackable. The care nurses give isn’t itemized, and the evidence of its effectiveness has been anecdotal. That doesn’t work for the medical establishment.”

With a coding system that precisely captures what nurses do, data on the costs and benefits of nursing can finally be compiled, Anselme believes.

She and Molina see a further benefit, down the road, of making a variety of services more available. “Demand for CAM is intense,” says Anselme, “but it’s a luxury because you have to pay out-of-pocket. As third-party payors start to reimburse widely—and they will once there’s enough data and consumer pressure—complementary healing services will

become a choice for everyone. That fits the tradition of nursing, which is to give care and comfort by whatever means works to anyone in need.”

Questions remain

Even among nurses, however, not everyone thinks the adoption of ABC codes will be universally positive. Elizabeth M. B. Visone, MS, APRN, BC, clinical coordinator of a community health center in Hartford, Connecticut, and an advanced Reiki practitioner, voices several reservations. For one thing, Visone wonders how long approval will take: “We’ve been waiting for review of the ICD-10 codes since 1990,” she points out.

She also questions whether making all CAM services trackable is a good idea. “Do you really want to give your insurance company more information about your health care—about every interaction between you and a nurse—than it has now? Putting lots more specific information in the system may have a down side.”

Although Visone advocates cultural acceptance of CAM, she also wonders whether alternative therapies might become “less alternative” and ultimately more expensive if subjected to the oversight of the larger medical system and the administrative costs of third-party payors. “There’s a lot to be said for paying out-of-pocket,” she says.

Alternative Link’s Molina sees standardization of CAM as less of a problem. “I think it’s useful to compare choosing health care with other kinds of shopping. Just because basic products are available to everyone doesn’t mean that there isn’t room for specialty shops. Mainstreaming will not mean the end of diversity or choice.”

Making Nursing Visible

ABC codes promise to increase the visibility—and billability—not only of alternative therapies but of professional nursing care that until now has been relegated to “overhead.” Indeed, Alternative Link’s *CAM and Nursing Coding Manual* (2002) lists more than 500 codes for nursing interventions, including more than 100 codes for patient education and counseling. Here’s a sample:

ABC Code	Procedure Description	Expanded Definition
NBAAU	- Nursing - Nursing education - Patient education & counseling - Coping skills, permanent disability, group	Teaching patients with a permanent disability in a group setting alternative means or methods to support the ability of nerves, muscles, and bones to perform or coordinate specific activities
NBAAV	- Nursing - Nursing education - Patient education & counseling - Cost containment	Management and facilitation of efficient and effective use of resources
NBAAX	- Nursing - Nursing education - Patient education & counseling - Grief coping skills	Helping deal effectively with keen mental suffering or distress over a recent affliction or loss
NBAAY	- Nursing - Nursing education - Patient education & counseling - Patient education on universal precautions	Teaching a patient or nonmedical caretaker techniques of universal precautions

Ms. Downing, a freelance writer specializing in health care topics, wrote about chiropractic in the November/December issue.

