

GUIDELINES FOR MAPPING PROVIDER SERVICE LISTS TO STANDARD CODE SETS

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GLOSSARY:

ACHI - Australian Classification for Health Interventions
ADA – Australian Dental Association
CHI - Council of Health Insurance
CPOE -Computerized Physician Order Entry
GTIN- Global Trade Item Number -SFDA-GTIN - Medication Codes
GMDN - Global Medical Device Nomenclature
RCM - Revenue Cycle Management
HIM - Health Information Management
SBS - Saudi Billing System
SFDA - Saudi Food and Drug Authority
SNOMED CT – Systematized Nomenclature of Medicine – Clinical Terms
VBHC - Value Based Health Care

WHAT IS MAPPING?

Mapping is defined in its most basic sense as the linking of terminology content between two terminologies or classification schemes and, in that process, determining how they match, how they are similar or how they do not match. ¹

When maps are created between standard terminologies and classifications, the maps have a specific purpose. For example, a map between SBS and ACHI. The beginning point of mapping is the development of heuristics, or "rules of thumb", that allow decisions to be made quickly without having all of the information at hand, as well as guidelines that support the use case or purpose of the mapping, respecting the conventions of the source and target to preserve the granularity and flexibility of both. ²

The purpose of this document is to aid KSA providers with the creation of custom maps from a non-standard classification, or in-house developed codes and pricelists, to the clinical standards mandated for claim submission via nphies.

Disclaimer – it is not the intention of this document to provide advice or guidance for pricing.

WHY IS MAPPING REQUIRED?

With the mandate of standard classifications and code sets for all insurance transactions in nphies, healthcare providers in Saudi Arabia are required to map their internal non-standard

¹ Brouch, Kathy. "AHIMA Project Offers Insights into SNOMED, ICD-9-CM Mapping Process." Journal of AHIMA 74, no.7 (July/August 2003): 52-55.

² Imel, Margo and Campbell James R, "Mapping from a Clinical Terminology to a Classification" AHIMA's 75th Anniversary National Convention and Exhibit Proceedings, October 2003

code lists, also known as pricelists or charge description masters (CDM) , to the standard classifications mandated by CHI that will be used to report medical records for diagnoses, procedures performed, and treatment given for both admitted and non- admitted patient encounters.

Mapping will aid in the following:

- Standardization of service descriptions across healthcare to unify reporting
- Facilitate exchange of information, reimbursement claims, outcome reporting
- Support VBHC initiatives
- Improve transparency and sustainability

CHI standards mandated under nphies

Type of Service	Clinical Standards
Diagnosis	ICD -10-AM/ACS 10th Ed
Imaging	SBS/SBSCS/ACS 10th Ed
Laboratory	
Procedures	
Dental	
Ambulance, Transportation and EMS	
Pharmaceuticals/Drugs	GTIN /SFDA
Medical Devices	GMDN /SFDA

Saudi Billing System (SBS):

The SBS was developed by CHI to standardize the classification and description of health care interventions and services thus facilitating the reporting and billing practices and unifying the patient records reporting across the national healthcare system. SBS is based on the Australian Classification for Health Interventions (ACHI) and is compatible with standards and classifications mandated by Saudi Health Council (SHC) and is the standard code set under the National Platform for Health and Insurance Exchange (NPHIES)

ADA:

The Australian Schedule of Dental Services and Glossary is published by the Australian Dental Association (ADA)

Note: Use of ADA codes for OP oral health is a temporary solution. With the introduction of SBS V2.0, the ADA codes will no longer be utilized. A standard map between ADA 12th Edition and SBS V2.0 has been created to ease the transition.

SFDA – GTIN:

The GTIN codes are unique codes used for billing drugs and packaged pharmaceuticals adopted by the SFDA, the regional regulatory authority for food, drugs and medical devices in Saudi Arabia.

SFDA - GMDN:

The Global Medical Device Nomenclature (GMDN) is a standard list of generic names used for naming, grouping and identification of medical devices and consumables that are used in the diagnosis, prevention, monitoring, treatment or alleviation of disease or injury in humans.

RECOMMENDED STEPS FOR MAPPING PROCESS:

Step I: Formation of the mapping team:

Inclusion of resources from different disciplines and departments will ensure that the necessary skill sets are available for all steps in the mapping process. Recommended team members include:

- a. HIM/Coding
- b. Clinical Department /Ancillary Departments
- c. RCM/Billing
- d. Information Systems
- e. Patient Access

Step II: Clean up and preparation

A complete and accurate price list/charge description master is a fundamental step in assuring that the services provided and coded are present on the bill and submitted on the claim and is the source of truth for all billable services provided. The typical components of the charge description master include:

- A. Department/Service type/Designation

- B. Internal Code
- C. Internal Code Description
- D. Price
- E. Standard Code
- F. Standard Description

Clean up of the price list prior to commencing mapping is an essential step and the following points should be considered:

1. Identify and delete or retire non-used services; i.e., services that have been discontinued by the organization.
2. Identify duplicated items where the same service is provided by multiple departments. Duplications should be retired/deleted. See example below.

Example – extracted from a provider price list:

Department	Description
Oncology-Urology	Nephrectomy - Simple
Oncology-Urology	Nephrectomy - Radical
Oncology-Urology	Nephrectomy - Partial
Oncology-Urology	Laparoscopic Radical Nephrectomy
Oncology-Urology	Laparoscopic Partial Nephrectomy
Pediatric-Urology	Open Simple Nephrectomy
Pediatric-Urology	Open Radical Nephrectomy
Pediatric-Urology	Laparoscopic Nephrectomy
Pediatric-Urology	Laparoscopic Partial Nephrectomy
Urology	Laparoscopic Simple Nephrectomy
Urology	Laparoscopic Partial Nephrectomy
Urology	Laparoscopic Radical Nephrectomy
Urology	Laparoscopic Partial Nephrectomy
Urology	Robotic Radical Nephrectomy
Urology	Robotic Partial Nephrectomy
Urology	Robotic Simple Nephrectomy
Surgery	KIDNEY\ PARTIAL NEPHRECTOMY
Surgery	KIDNEY\ NEPHRECTOMY

In the price list/service list extract above the procedure “nephrectomy” appears eighteen (18) times. The recommendation is to represent each distinct nephrectomy procedure once within the price list, matching the descriptions to the standard classification which in this case is SBS.

3. Identify all packages. All component items of packages will need to be identified including operative procedures/interventions, services, drugs, consumables, and devices to ensure each item is available in the price list
4. Identify all bundled services

5. Identify hard-coded services, i.e., where the code is selected through an ordering system (CPOE), vs. soft-coded services where the codes are assigned by the Medical Coders. Examples of hard coded services may include resulted laboratory tests, pharmaceuticals, medical devices, consumables as well as simple interventions ordered by physicians. Soft-coded services are usually coded by a medical coder after reviewing the completed documentation. Examples include operative procedures and interventional radiology, where the coder must ensure that all coding rules and standards are applied for accuracy and completeness.
6. Identify incomplete or ambiguous service descriptions and work with the clinical and ancillary departments for clarification of the service descriptions. The description should include site, technique and sample nature, if applicable.

The recommended outcome of the mapping exercise is full conversion to the standard classification(s). However, an organization's price list is usually linked to many different provider software programs including those used by clinicians to document procedures performed and services provided. Usually, the clinician selects a name, term or abbreviation for the procedure or services, which, is linked to a code. This may necessitate that the map between the internal and standard codes is maintained indefinitely.

Step III: Mapping

Providers may choose to outsource mapping to a third-party vendor, i.e., RCM Company, or complete the mapping project using internal resources.

The following services should be mapped:

- Medical, surgical, laboratory, imaging, dental and services to Saudi Billing System (SBS)
- Medical devices and consumables and devices to SFDA/GMDN
- Medicine/pharmaceuticals to SFDA/GTIN

Key Steps for mapping

1. Search for the standard code that matches the description of the non-standard code
2. IF no code matches the description, THEN map to a description with a similar meaning
3. IF no codes with similar meaning exist, THEN map to an unlisted code of the same category.

Mapping tools and resources:

- SBS V2.0 Tabular listing (Excel) with inclusion, exclusion notes and guidelines
- SBS V2.0 Alphabetic Index (PDF)
- ADA 12th Edition to SBS V2.0 map
- SFDA/GTIN code list
- SFDA/ GMDN Codes Lists along with descriptions
- RCM vendors consulting services for mapping
- Vendor – Clinical Data dictionaries or mapping engines
- **qCHICodes** Query support portal <https://chi.accumed.sa:8080/portal>

Register for credentials via Support email: sbs.query@accumed.sa

Providers may submit queries for mapping assistance and to validate if services are unlisted. Guidelines for submission are available on the website.

Guidelines for common challenges:

During the process of mapping, health care provider and insurers may face challenges mapping in particular circumstances. See the following examples:

1. Use of Packages:

All of the individual component services of the package should be identified using one or more codes from the standard codes to accurately capture all services performed. For example, if the package is for a cholecystectomy the main operative procedure, labs, imaging, consumables, medications would need to be identified. Providers may need to consider how to link the detailed codes to the order entered by the physician in the CPOE (code "explosion") in order to capture all relevant services provided.

Examples:

1-A

Internal Price List		Map to SBS	
073001271	NORMAL DELIVERY WITH NEWBORN SCREENING PACKAGE (SHARED ROOM) - 2DAYS PKG	90467-00-00	Spontaneous vertex delivery
		90472-00-00	Episiotomy [1343]
		99999-99-99	Unlisted Procedure Code
		83600-00-50	Secondary follow up treatment with the same condition within the mandated timelines Consultant
		83600-00-00	Office Assessment for diagnosis treatment and counselling a new or established patient by General Practitioner
		73050-35-50	Blood test, thyroid stimulating Hormone (TSH)
		73250-00-80	Blood grouping abo
		73100-00-90	Complete blood cell count (red cells, white blood cell, platelets), automated test
		73250-00-30	Coombs direct antiglobin test
		73100-09-50	Coagulation assessment blood test
		73100-09-50	Coagulation assessment blood test
		73100-09-80	Unlisted hematology and coagulation procedure
		16514-01-00	External fetal monitoring
		83700-00-00	Unlisted services yet to be defined.
		83610-02-70	Room and Board charges of a neonatal (0-22 days age) born in the hospital requiring of special medical attention in special care settings. Charged Per Day
		83610-02-70	Room and Board charges of a neonatal (0-22 days age) born in the hospital requiring of special medical attention in special care settings. Charged Per Day
		37704	Anaesthesia breathing circuit, single-use
		62919	Vascular catheter stylet
		63843	Mouth gag, adjustable, single-use
		30224	Lactate IVD, kit, reduction/oxidation, rapid
		06285108000129	DAFLON 500MG TAB
		05702191011685	FUCITHALMIC VISCOUS EYE DROPS
		07612791034992	METHERGINE 0.2MG-ML AMPULES
		06285111000147	METRONIDAZOLE 500MG/100ML INTRAVENOUS INFUSION
		05415062002025	PROSTIN E2 2MG VAGINAL GEL IN APPLICATOR
		07612791037887	SYNTOCINON 5 IU injection
		06285101001734	XEFO 8MG TAB
		06285097000841	ZINNAT
		07640149615555	KONAKION MM PAED 2MG-0.2ML AMP
		06251107132017	DICLOGESIC
		96091-00-00	Manufacture of assistive or adaptive device, aid or equipment

Notes:

In the example above, *Prostin* and *Syntocinon* – listed with drugs, therefore the package should also include procedure codes for induction of labor (90465-xx-00) or augmentation of labor (90466-xx-00)

2. One-to-Many Mappings:

In such cases one provider nonstandard code describes more than one procedure or service in the standard code set. The recommendation is to unbundle the price list code to accurately capture all services provided. In the process of unbundling, it is important to consider existing coding guidelines, where applicable.

Examples:

2-A

Internal Price List		Map to SBS	
73001622	BREAST LUMP EXCISION WITH WIRE LOCALIZATION - 1DAY PKG	31500-00-01	Excision of lesion of breast, unilateral
		31500-00-02	Excision of lesion of breast, bilateral
		31536-00-01	Localisation of lesion of breast, unilateral
		31536-00-02	Localisation of lesion of breast, bilateral

In this case, the inclusion notes for 31500-00-01 state that localization of breast (non-stereotactic) is included with excision of lesion, therefore, the mapping would be revised as follows.

Revised mapping:

Internal Price List		Map to SBS	
73001622	BREAST LUMP EXCISION WITH WIRE LOCALIZATION -	31500-00-01	Excision of lesion of breast, unilateral

Note: Any additional laboratory or other services included in the package would need to be confirmed and mapped as well.

2-B

Internal Price List		Map to SBS	
07300224	UNILATERAL RADICAL MASTECTOMY - 6 DAY PKG	30336-00-00	Radical excision of lymph nodes of axilla
		31518-00-00	Simple mastectomy, unilateral

In this case, the mastectomy package procedure is mapped to two SBS codes. The remainder of the labs, imaging, medications, and services included in the package would need to be listed and mapped to the appropriate standard codes.

3. Many-To-One mappings:

This scenario involves the mapping of many provider codes to one valid standard code. Merging or consolidation of duplicate services from different departments is recommended, with the duplicate items retired or deleted. This will allow the standard service code to be captured.

Examples:

3-A Bone Densitometry

In this case, the HCP price list contains Bone Densitometry: Two codes are available in SBS and cover all body sites. Determine if DEXA or CT.

Internal Price List		Map to SBS	
03037001	BONE DENSITOMETRY - BASIC	12306-00-00	Bone densitometry using dual energy x-ray absorptiometry
03037004	BONE DENSITOMETRY-LUMBAR (NM)	12309-00-00	Bone densitometry using quantitative computerised tomography
03037006	BONE DENSITOMETRY-WHOLE BODY COMP. (NM)		
03037010	BMD-ADVANCED HIP ASSESSMENT		
03037011	BMD-BASIC & WHOLE BODY		
03037012	BMD-BASIC (LUMBAR + DUAL FEMUR)		
03037013	BMD- BASIC (VERTEBRAL HEIGHT ASSESSMENT AP & LAT.)		
03037014	BMD-BASIC (VERTEBRAL HEIGHT ASSESSMENT LATERAL)		
03037015	BMD-DUAL FEMUR (BOTH)		
03037016	BMD-FOREARM		
03037017	BMD-LUMBAR SPINE (VERTEBRAL HEIGHT ASSESSMENT AP & LAT)		
03037018	BMD-LUMBAR SPINE (VERTEBRAL HEIGHT ASSESSMENT LATERAL)		
03037019	BMD-LUMBAR SPINE ONLY		
03037020	BMD-TOTAL HIP REPLACEMENT (EXCLUDING PROSTHESIS)		
03037021	BMD-WHOLE BODY		
03037023	BMD- WHOLE BODY COMPOSITION/FAT/BONE/MUSCLES		
03037025	VERTEBRAL HEIGHT ASSESSMENT AP & LATERAL		
03037026	VERTEBRAL HEIGHT ASSESSMENT LATERAL		
03037027	BMD-WHOLE BODY COMPOSITION BONES		
03037005	BONE DENSITOMETRY-SPINE (SPL. OFFER)		
03037008	BONE DENSITY-F/ARM,FEMUR,LUMBAR[DR.COOKE-SPL]		
03037022	BMD-WHOLE BODY + BODY COMPOSITION		
03037028	BMD-WHOLE BODY COMPOSITION FAT		
03037029	BMD-WHOLE BODY COMPOSITION MUSCLES		

3-B Magnetic Resonance Imaging

In this example, the provider has defined codes for MRI for all body extremities, including laterality. In SBS however, there are only four codes available, MRI of an extremity, either with or without contrast medium. For mapping, determine if the MRI with or without contrast and if unilateral vs. bilateral.

3-C

In the following examples, all three of the non-standard descriptions map to one SBS procedure code. The remainder of the services provided, that differentiate the packages, will need to be identified from laboratory, imaging and service codes.

3-C-1 Sialadenectomy

Internal Price List		Map to SBS	
07300158	PARTIAL SIALADENECTOMY (SUBMANDIBULAR) - 2 DAY PKG	30256-00-00	Excision of submandibular gland
07300159	COMPLETE SIALADENECTOMY (SUBMANDIBULAR) - 2 DAY PKG		
07300687	SUBMANDIBULAR SIALOADENECTOMY -1DAY PKG.		

3-C-2 Cataract removal with lens insertion

Internal Price list		Map to SBS	
O8887SL	Removal of Lens Material; Phaco Mulsifications + Toric IOL - One Eye	42698-07-01	Phacoemulsification of crystalline lens, unilateral
O6850SL	Removal of lens material: phacofragmentation technique (mechanical or ultrasonic), with aspiration (with IOL)		
O8932SL	Cataract Surgery, Complex		

Note: Code also IOL insertion when performed. 42703-00-xx, 42701-00-xx

4. Bundled Services and Labs:

Where provider codes are bundled for labs and other services the recommendation is to unbundle the services included in the code descriptions in order to accurately capture all lab tests performed, unless an appropriate lab profile has already been defined in SBS.

Examples:

4-A Thyroid Hormones

Internal Price List		Map to SBS	
02012025	THYROID HORMONES PACKAGE (TSH, FT3, FT4) - PKG.	73050-35-50	Blood test, thyroid stimulating Hormone (TSH)
		73050-36-50	Measurement of free triiodothyronine (T3)
		73050-35-30	Measurement of free thyroxine

4-B Cardiac Enzymes

Internal Price List		Map to SBS	
02011112	CARDIAC ENZYMES PACKAGE (CPK, CPKMB, TROPONIN I AST)	73050-09-40	Measurement of Creatine kinase; total; blood
		73050-09-50	Measurement of Creatine kinase mb isoenMeasurement of yme; blood
		(unlisted codes)	Troponin I
		73050-35-90	Measurement of aspartate amino transferase (AST) (SGOT)

- Review of SBS, reference search reveals an existing code for the Troponin I.

Revised mapping:

Internal Price List		Map to SBS	
02011112	CARDIAC ENZYMES PACKAGE (CPK, CPKMB, TROPONIN I AST)	73050-09-40	Measurement of Creatine kinase; total; blood
		73050-09-50	Measurement of Creatine kinase mb isoenMeasurement of yme; blood
		73050-36-70	Quantitative Measurement of muscles Tissues troponin
		73050-35-90	Measurement of aspartate amino transferase (AST) (SGOT)

5. Incomplete/Ambiguous Service Descriptions:

All ambiguous or incomplete service descriptions require a review and validation, and possible update by the appropriate stakeholder team, to determine whether or not the descriptions are valid procedure, interventions, consumables or drugs. The internal code descriptions may be updated, if necessary, and then should either be mapped to the correct standard codes and descriptions or deleted from the provider price list.

Examples:

5-A Limb lengthening

Internal Price List		Map to SBS	
07300740	TIBIA LENGTHENING WITH EQUINOX CORRECTION-1DAY PKG.	50303-00-00	Limb lengthening (excludes bipolar) [1578]
		50306-00-00	Limb lengthening ,bipolar [1578]
		90604-00-00	Correction of bony deformity

- Is the limb lengthening bipolar or one cut?
- Clarification required for "Equinox correction." Is this a boney deformity, or should it be Equinas correction (tendon)?

5-B In the following example, the description is not clear. Is this General Anesthesia?

This item should be reviewed with the clinical team to clarify the service description

Internal Price List		Map to SBS	
89057	Intervention / GA		

6. No Match for Code Description

When no match can be found in the standard code descriptions for a service, the description should be reviewed for accuracy or additional detail or description from the clinical or ancillary departments. If there is still no match, the service may be assigned an unlisted code from the appropriate category. Refer to the section on unlisted codes.

6-A Laparoscopic procedures

The following procedure performed laparoscopically does not have a specific laparoscopic code and was mapped to the unlisted procedure code.

Internal Price List		Map to SBS	
073001143	LAPAROSCOPIC NEPHROLITOTOMY-4 DAY PKG	99999-99-99	Unlisted Procedure Code
73001166	LAPAROSCOPIC NEPHTOLITHOTOMY-4 DAYS PKG	99999-99-99	Unlisted Procedure Code

A review of the existing ACS standard (ACS 0023) for Laparoscopic / Arthroscopic / Endoscopic Surgery: If a procedure is performed laparoscopically, arthroscopically or endoscopically, and there is no code provided which encompasses both the endoscopy and the procedure, then both procedures should be coded

In this case one of the following nephrolithotomy codes may be assigned, as appropriate, with the addition of the Laparoscopy code

Internal Price List		Map to SBS	
73001166	LAPAROSCOPIC <i>NEPHROLITHOTOMY</i> -4 DAYS PKG	36540-00-01	Nephrolithotomy with removal of <= 2 calculi, unilateral
		36540-00-02	Nephrolithotomy with removal of <= 2 calculi, bilateral
		36543-00-01	Nephrolithotomy with removal of >= 3 calculi, unilateral
		36543-00-02	Nephrolithotomy with removal of >= 3 calculi, bilateral
		<i>30390-00-00</i>	<i>Laparoscopy</i>

6-B FESS - Functional Endoscopic Sinus Surgery

Providers have mapped FESS to an unlisted code.

Internal Price List		Map to SBS	
073001287	LIMITED FESS-1DAY PKG	99999-99-99	Unlisted Procedure Code

However, due to the nature of FESS, there is no one code that may be used to represent the services provided, along with the 41764-01 [370] Sinoscopy to indicate the endoscopic nature of the surgery.

According to Australian Coding Standards (ACS 0807), FESS may include a variety of procedures performed, in any combination, therefore only the appropriate codes should be assigned. The procedures may include the following:

- 41716-01 [387] *Intranasal maxillary anrostomy, unilateral (includes formation of an antral meatal window)*
- 41716-02 [387] *Intranasal maxillary anrostomy, bilateral (includes formation of an antral meatal window)*
- 41716-00 [383] *Intranasal removal of foreign body from maxillary antrum*
- 41737-02 [386] *Ethmoidectomy, unilateral*
- 41737-03 [386] *Ethmoidectomy, bilateral*
- 41731-00 [386] *Ethmoidectomy, frontonasal approach*
- 41731-01 [386] *Ethmoidectomy with sphenoidectomy, frontonasal approach*
- 41737-09 [386] *Frontal sinusectomy*
- 41746-00 [386] *Radical obliteration of frontal sinus*
- 41752-01 [386] *Sphenoidectomy*
- 41716-05 [384] *Biopsy of maxillary antrum*
- 41752-04 [384] *Biopsy of sphenoidal sinus*
- 41737-07 [384] *Biopsy of frontal sinus*
- 41737-08 [384] *Biopsy of ethmoidal sinus*

Where FESS is documented, **41764-01 [370] Sinoscopy** must also be used to indicate the endoscopic nature of the surgery.

6-C Shoulder Replacement

In the following example, the HCP has mapped reverse shoulder replacement to an unlisted code.

Internal Price List		Map to SBS	
073001504	REVERSE SHOULDER REPLACEMENT - 3DAYS PKG	99999-99-99	Unlisted Procedure Code

However, research on the procedure name indicates that a reverse shoulder replacement is a total arthroplasty of the shoulder and would be mapped to either of the following codes following the SBS alphabetic index:

Internal Price List		Map to SBS	
073001504	REVERSE SHOULDER REPLACEMENT - 3DAYS PKG	48918-00-01	Total arthroplasty of shoulder, unilateral
		48918-00-02	Total arthroplasty of shoulder, bilateral

6-D Revision Procedure for Bariatric Surgery

An HCP mapped this procedure to unlisted code as there is no code that is specific for the revision of laparoscopic sleeve gastrectomy.

Internal Price List		Map to SBS	
073001681	REDO LAPAROSCOPIC SLEEVE GASTRECTOMY - 1DAY PKG	99999-99-99	Unlisted Procedure Code

A review of the SBS alphabetical index and Tabular list reveals a specific code for the revision of a bariatric procedure along with instructions for coding. Following the instructional note at **30514-01-00 [889]** *Revision procedure for obesity*, assign first a code for the obesity procedure performed, followed by **30512-03-00 [889]** *Laparoscopic gastric bypass*

Make note of the following inclusion terms that have been added to **30514-01-00 [889]** in the SBS Tabular List, to help clarify the code assignment:

Revision (reoperation) of:

- Biliopancreatic diversion
- Duodenal jejunal bypass
- Gastric bypass
- Gastroplasty
- Ileal interposition
- Sleeve gastrectomy

Therefore, the revision of a laparoscopic sleeve gastrectomy would be mapped as follows:

Internal Price List		Map to SBS	
073001681	REDO LAPAROSCOPIC SLEEVE GASTRECTOMY - 1DAY PKG	30511-09-00	Laparoscopic sleeve gastrectomy [LSG]
		30514-01-00	Revision procedure for obesity

6-E D&C (Dilatation and Curettage) with Polypectomy – two procedure package

In this example a single code is not available for the D&C plus polypectomy, and the HCP mapped the package to an unlisted code:

Internal Price List		Map to SBS	
07300817	D & C WITH POLYPECTOMY PKG.	99999-99-99	Unlisted Procedure Code

Revised mapping:

Internal Price List		Map to SBS	
07300817	D & C WITH POLYPECTOMY PKG.	35640-00-00	Dilation and curettage of uterus [D&C]
		35633-01-00	Polypectomy of uterus via hysteroscopy

This package required one to many mapping where both the D&C and the polypectomy are required to fully describe the procedure.

7 Pharmaceutical and Consumables/Devices

7-A Pharmaceuticals

Multiple GTIN codes may be available for the same SFDA registration code and should be counted as the same unless there is a recall or suspension for a specific GTIN.

7-B Consumables/Devices

If a GMDN code is not available for a device or consumable, the existing SFDA registration code may be used. If neither GMDN nor SFDA codes are available, the appropriate unlisted codes shall be utilized.

Step IV: Validation

Completed mapping, whether performed by the internal team or a 3rd party vendor, should be reviewed and validated by the clinical teams.

- Do the descriptions of the standard codes match, or describe the same procedures as described by the non-standard codes?
- Are all of the services provided by each department available in the mapped price list?

The mapping will also be validated by the payers.

Step V: Maintenance

The mapping of the price list to the standard code set is not a "one and done" project. The price list or charge description master will require review and update as an ongoing process. Provider service lines may be added or deleted and/or the standard classifications will be updated to reflect changes in medical practice and introduction of new technologies through the addition, modification or deletion of codes. This will necessitate a thorough review of the price list to ensure new services are added and older services are retired.

Establishing a maintenance process should consider the following components:

1. Review cycle – establish quarterly or annually, at a minimum.
2. Responsibility for maintenance of the price lists should be delegated to a designated team, including the final approval of changes.
3. Process for review and validation of descriptions of new services to ensure they fully describe the service provided and that the descriptions match the standard codes, including an indication of the site, technique and sample nature, where applicable.

4. Review of new/modified/deleted standard codes to determine if the service is offered by the provider and the changes are reflected in the price list per the effective date.

Since the price list or charge description master is the source of truth for all billable services provided, it is essential that only services offered by the provider are included. This will ensure that inappropriate services are not reported and subsequently denied. For example, if a provider does not perform transplants, then transplant codes should not be reflected in the provider price list.

UNLISTED CODES

According to the Standards and Guidelines of CCHI Billing System and the Saudi Billing System Coding Standards (SBSCS), unlisted code(s) are restricted to be only used for the services that are not available in the SBS Tabular List. However, on submission of the claim the service specification and details should be mentioned.³

Unlisted codes help expedite and finalize the coding, billing, and reimbursement processes in situations where an unlisted code is the only option for reporting certain services or procedures performed by the provider, for example, advancements in medical science, including new procedures, technology, and devices introduced prior to code expansion.⁴

The **nphies Shadow Billing Guidelines**⁵ recommend that medical devices and consumables, medications and outpatient dental codes that cannot be mapped to a corresponding GMDN, SFDA-GTIN, or ADA code should be mapped to a similar code, and the non-standard code and description should be included in the transaction to maintain the granularity level and detail. If the item cannot be mapped to a similar code, it should be mapped to the unlisted code for the category. At the same time, the services or items that cannot be mapped must be reported to CHI along with a complete description of the item/service.

The table below lists all of the available codes that may be used for mapping procedures, services, drugs/medications and medical devices that do not have an existing code.

New categories have been added for the reporting of unlisted drugs and consumables/devices in order to better track the items and report issues back to the SFDA.

Note: It is essential that unlisted services are mapped to the correct unlisted code category.

³ *Introduction to the Standards and Guidelines of CCHI Billing System, CCHI-BS V0.2a beta, 07 June 2020.*

⁴ www.fortherecordmag.com/archives/1018p28.shtml

⁵ nphies Shadow Billing Guidelines v1.5, 1st June 2021

For example,

- pharmaceuticals and devices
 - do map to 9999999999999999*
 - do not map to 83700-00-00 Unlisted Services not yet defined.

Table of Unlisted Codes

Unlisted Code	Long description	TYPE
97089-00-10	Unlisted oral medicine/ oral pathology procedure	Dental Services (SBS)
97179-00-10	Unlisted preventive dental procedure	Dental Services (SBS)
97399-00-10	Unlisted oral surgery procedure	Dental Services (SBS)
97459-00-10	Unlisted restorative or endodontic procedure	Dental Services (SBS)
97789-00-10	Unlisted prosthodontic procedure	Dental Services (SBS)
97879-00-10	Unlisted orthodontic procedure	Dental Services (SBS)
97989-00-10	Unlisted adjunctive dental service	Dental Services (SBS)
99999-99-92	Unlisted imaging procedure	Imaging services (SBS)
73050-39-70	Unlisted chemistry procedure	Laboratory & Pathology (SBS)
73050-60-60	Unlisted Immunoassay detection with direct visual observation	Laboratory & Pathology (SBS)
73050-61-60	Unlisted microbiology procedure	Laboratory & Pathology (SBS)
73100-27-21	Unlisted assay for Virus Antibodies	Laboratory & Pathology (SBS)
73100-09-80	Unlisted Haematology procedure	Laboratory & Pathology (SBS)
73100-18-20	Unlisted antigen delayed type hypersensitivity (DTH) test	Laboratory & Pathology (SBS)
73100-22-00	Unlisted assay for Fungus Antibodies	Laboratory & Pathology (SBS)
73100-25-50	Unlisted assay for Protozoa Antibodies	Laboratory & Pathology (SBS)
73150-01-20	Unlisted urinalysis procedure	Laboratory & Pathology (SBS)
73200-03-60	Unlisted cytopathology procedure	Laboratory & Pathology (SBS)
73200-06-30	Unlisted cytogenetic study	Laboratory & Pathology (SBS)
73200-10-60	Unlisted surgical pathology procedure (histo-diagnostic procedure)	Laboratory & Pathology (SBS)
73250-03-80	Unlisted blood bank procedure (transfusion procedure)	Laboratory & Pathology (SBS)
73300-03-70	Unlisted Quantitative Therapeutic Drug Test	Laboratory & Pathology (SBS)
73350-06-00	Unlisted molecular diagnostic procedure	Laboratory & Pathology (SBS)
73400-00-40	Unlisted in vivo laboratory procedure	Laboratory & Pathology (SBS)
73400-01-50	Unlisted clinical pathology procedure	Laboratory & Pathology (SBS)
73400-05-10	Unlisted assisted reproduction procedure (male or female)	Laboratory & Pathology (SBS)
83500-00-80	Unlisted ambulance service	Ambulance & Transportation (SBS)
83700-00-00	Unlisted services yet to be defined	KSA Service codes (SBS)
99999-99-99	Unlisted ambulatory service	No chapter assignment (SBS)
99999	Unlisted Code - Medical Devices	SFDA_GMDN/SFDA Registration ID
999999999999991	Unlisted Code - Nutritional Supplements (Other nutritional substitute)	SFDA_GTIN/SFDA Registration ID
999999999999992	Unlisted Code - Nutritional Supplements (Enteral feeds)	SFDA_GTIN/SFDA Registration ID
999999999999993	Unlisted Code - Other Non-Medication	SFDA_GTIN/SFDA Registration ID
999999999999994	Unlisted Code - Nutritional Supplements (Mother's milk substitute (baby/infant formula)	SFDA_GTIN/SFDA Registration ID

99999999999995	Unlisted Code - Cosmetic	SFDA_GTIN/SFDA Registration ID
99999999999996	Unlisted Code - Herbal & Vitamins	SFDA_GTIN/SFDA Registration ID
99999999999997	Unlisted Code - OTC	SFDA_GTIN/SFDA Registration ID
99999999999998	Unlisted Code - Chemotherapy	SFDA_GTIN/SFDA Registration ID
99999999999999	Unlisted Code - Other Medications	SFDA_GTIN/SFDA Registration ID

In some cases, drugs that are not registered for use in Saudi Arabia may be approved by the SFDA for importation and limited use in emergency cases.⁶ In this event, the medication is not assigned a GTIN or SFDA registration number. For claiming purposes, the authorized facility or entity may map the pharmaceutical to the appropriate Unlisted Drug code category and provide supporting information in the form of the CR#, or reference number, as text along with a copy of the approval document as a .PDF or image file in order that the payer will have all of the required documentation for validation purposes.

SBS MAINTENANCE:

CHI maintains the SBS code sets as the custodian of the classification. CHI welcomes the engagement of all healthcare providers and payers to participate in improving the SBS, including all sectors and specialties, through the official channels provided by CHI in order to:

1. Review of any reported issues in implementing the SBS that may require modification of service descriptions or more details added to existing classifications
2. Evaluate submissions for new services that are not available in SBS and are recognized as valid services to be added to future releases
3. Support health care providers and/or payers in the correct implementation of the SBS.

An on-line platform “qCHICodes”, has been created to facilitate the queries and submissions for the implementation and continued maintenance of the SBS. In the first phase, providers and payers may submit mapping and coding queries and track the status and support on the implementation of the SBS while the second phase will cover the submissions for the creation of new codes, revisions of descriptions or deletions of codes as well as indexing requirements.

The link for the portal: <https://chi.accumed.sa:8080/portal>

Register for credentials via Support email: sbs.query@accumed.sa

⁶ <https://www.fdanews.com/ext/resources/files/05-15/5-15-SFDA-1.pdf?1520912020>

PROVIDER-PAYER MAPPING VALIDATION PROCESS:

During the Shadow Billing timeframe, Payers are able to validate the Provider mapping as both the standard codes and the non-standard codes will be reported on the claim in nphies.⁷ In addition, once the provider completes mapping their full price list to the standard codes the price list will be submitted to the payers as part of the onboarding process:

- The payer will review and accept the provider's mapped codes within five (5) working days.
- If the payer has any reservations or objections on the mapping of the pricelist, then the identified issues should be validated and updated by the provider within three (3) working days.
- The revised mapping will be reviewed, confirmed and accepted by the payer within (3) working days.
- Any mapping disputes that are not resolved following the above process shall be escalated to CHI.

If the provider mapped pricelist is approved by two (2) payers, then the mapping should be accepted by any subsequent payer. In the event that any further disputes arise, they should be resolved following the same process mentioned above. Any unresolved disputes may be reported to CHI.

PAYER VALIDATION KPI:

The payer performance on validation of all provider mapping will be monitored and presented in the nphies dashboard.

⁷ *nphies Shadow Billing guidelines Version 1.5, 1st June 2021*