



G-Code Reports

MiPCT Dashboard

► QUICK REFERENCE

About the G-Code Reports

The data from the G-code reports can be used to help monitor and improve the billing and reimbursement process for G-code claims. The reports provide an overall picture about the number of patients who are qualified for care management compared to the number of patients who are currently engaged in care management services that are billed to BCBSM, BCN, and Priority Health.

There are three types of G-Code Reports:

- **G-Code** – Provides one month’s worth of paid claims using G-codes. The month and year are included in the file name and in the header of the report.

Report Name Format: <PO Name>_G-Code_Report_YYYY_MM.xlsx

- **G-Code Aggregated Totals** – Provides the to-date totals of paid claims using G-codes, starting from April 2012 for BCBSM and BCN and from July 2013 for Priority Health. The month listed in the file name is the most recent month for which the report contains data.

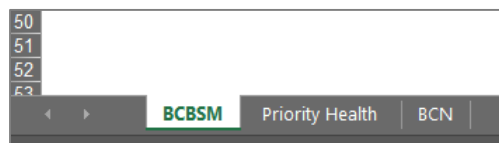
File Name Format: <PO Name>_G-Code_Report_Aggregated_Totals_YYYY_MM.xlsx

- **G-Code Practice Details** – Provides more specific information about each G-Code and CPT code claim, grouped by Practice.

File Name Format: <PO Name>_<Practice Name>_G-Code_Report_YYYY_MM.xlsx

Payer Data

Each Payer’s data is contained on a separate tab in each report.



Location

You can view and print the G-Code Reports from the *Download PO Reports* page of the MiPCT Dashboard. The reports are included in the <PO Name>_G-Code_Reports_MiPCT_Overall_YYYY_MM.zip file.

G-Code Reports

▷ QUICK REFERENCE

Monthly Report Example

MIPCT G and CPT Code Report									
Date Created: 27-Apr-16									
Claims Paid in: September, 2015									
Membership Counts from September, 2015 All Payer Patient List									
Payer: BCBSM									
PO Name	Practice Name	Eligible BCBSM Members	BCBSM Members Likely to be Candidates for Care Management	Total BCBSM Members Engaged in Care Management	% of BCBSM Eligible Members Engaged in Care Management	Total # of Care Management Claims	Total # of Care Management Claims Paid	Total # of Care Management Claims Not Paid	% of Care Management Claims Paid
9		374	75	5	1.34%	5	1	4	20%
10		1395	279	12	.86%	15	11	4	73.33%
11		899	180	27	3%	39	26	13	66.67%
12		866	173	19	2.19%	22	17	5	77.27%
13		755	151	2	.26%	2	1	1	50%
24		40	68	4	1.18%	5	4	1	80%
25		150	30	18	12%	20	5	15	25%
26		456	91	7	1.54%	7	1	6	14.29%
27		447	89	4	.89%	6	2	4	33.33%
28		380	76	1	.26%	1	0	1	0%
29		617	123	9	1.46%	11	8	3	72.73%
30		628	126	5	.8%	6	3	3	50%
31		152	30	0	0%	0	0	0	0%
32		205	41	8	3.9%	12	5	7	41.67%
33		82	16	0	0%	0	0	0	0%
34	Total	14029	2806	190	1.35%	248	135	113	54.44%

Aggregated Report Example

MIPCT G and CPT Code Report - Aggregated Totals									
Date Created: 27-Apr-16									
Claims Paid starting in: April, 2012									
Claims Paid through: September, 2015									
Membership Counts from September, 2015 All Payer Patient List									
Payer: BCBSM									
PO Name	Practice Name	Eligible BCBSM Members (most recent month)	BCBSM Members Likely to be Candidates for Care Management (most recent month)	Total BCBSM Members Engaged in Care Management (since April 2012)	% of BCBSM Eligible Members Engaged in Care Management	Total # of Care Management Claims	Total # of Care Management Claims Paid	Total # of Care Management Claims Not Paid	% of Care Management Claims Paid
9		374	75	44	11.76%	69	45	24	65.22%
10		1395	279	214	15.34%	518	190	328	36.68%
11		899	180	293	32.59%	695	381	314	54.82%
12		866	173	233	26.91%	636	393	243	61.79%
13		755	151	40	5.3%	60	37	23	61.67%
14		665	133	14	2.26%	502	201	301	40.04%
25		150	30	162	10%	430	282	168	62.67%
26		456	91	62	13.6%	91	57	34	62.64%
27		447	89	57	12.75%	147	85	62	57.82%
28		380	76	6	1.58%	8	7	1	87.5%
29		617	123	86	13.94%	142	70	72	49.3%
30		628	126	100	15.92%	276	169	107	61.23%
31		152	30	6	3.95%	6	3	3	50%
32		205	41	48	23.41%	126	49	77	38.89%
33		82	16	12	14.63%	18	5	13	27.78%
34	Total	14029	2806	2525	18.0%	5920	3054	2866	51.59%

Practice-Level Detail Report Example

Practice Level G and CPT Code Claims Detail Report														
Date Created 4/27/2016														
Claims Paid Through: September, 2015														
Membership Counts from September, 2015 All Payer Patient List														
Patient First Name	Patient Middle Initial	Patient Last Name	Provider NPI	Provider First Name	Provider Last Name	PO ID	PO Name	PU ID	PU Name	Procedure Code	Claim Paid/Processed Date	Paid/Rejected Indicator	Payer	Claim Number
	L					CHOM		(P00M)		98966	201310	P	BCBSM	
						CHOM		(P00M)		98966	201504	P	BCBSM	
	R					CHOM		(P00M)		98966	201306	P	BCBSM	
	R					CHOM		(P00M)		98966	201306	P	BCBSM	
	D					CHOM		(P00M)		98966	201508	P	BCBSM	
						CHOM		(P00M)		98966	201208	P	BCN	
	J					CHOM		(P00M)		98966	201509	P	BCN	
						CHOM		(P00M)		98966	201508	P	BCN	
						CHOM		(P00M)		98966	201209	P	BCN	
	L					CHOM		(P00M)		G9002	201405	P	BCN	
	A					CHOM		(P00M)		98966	201505	R	Priority Health	
	P					CHOM		(P00M)		98967	201505	R	Priority Health	
	H					CHOM		(P00M)		G9002	201508	R	Priority Health	
	R					CHOM		(P00M)		G9002	201405	R	Priority Health	
	R					CHOM		(P00M)		G9002	201405	R	Priority Health	

G-Code Reports

▷ QUICK REFERENCE

A: Report Header

The report header contains the following information:

- Type of report (monthly, aggregated, or practice detail)
- Date the report was created
- Date range for paid claims used in the report
- The All Payer Patient List used for membership counts
- Payer or Practice Name

B: Monthly Report – Column Descriptions

The following table provides information the columns in the MiPCT G and C-Code Report:

Column Heading	Description
Eligible Members	Member counts are based on the most recent All-Payer Patient List (APPL) at the time the report was run. The APPL used for the report is listed in the report header.
BCBSM Members Likely to be Candidates for Care Management [BCBSM Reports Only]	The value in this column equals 20 percent of the number in the <i>Eligible BCBSM Members</i> column. This percentage is the BCBSM-defined estimate for the portion of the population likely to be candidates for care management.
Total Members Engaged in Care Management	The number of unique members who had at least one claim with a G-Code during the timeframe of the report. A member is only counted once in this column, even if he/she has multiple claims with G-Codes.
% of Eligible Members Engaged in Care Management	The percentage in this column is calculated by dividing the value in <i>Total Members Engaged in Care Management</i> by the value in <i>Eligible Members</i> .
# of Care Management Claims	The number of claims that have procedures with G-Codes.
# of Care Management Claims Paid [BCBSM Reports Only]	The number of G-Code claims marked as paid by BCBSM on the claims record.
# of Care Management Claims Not Paid [BCBSM Reports Only]	The number of G-Code claims marked as not paid by BCBSM on the claims record.
% of Care Management Claims Paid [BCBSM Reports Only]	The percentage in this column is calculated by dividing the value in <i># of Care Management Claims Paid</i> by the value in <i># of Care Management Claims</i> .

G-Code Reports

▷ QUICK REFERENCE

C: Aggregated Report – Column Descriptions

The following table provides information about columns in the MiPCT G and CPT Code Report – Aggregated Totals Report:

Column Heading	Description
Eligible Members (most recent month)	Member counts are based on the most recent All-Payer Patient List (APPL) at the time the report was run. The APPL used is listed in the heading section of the report.
BCBSM Members Likely to be Candidates for Care Management (most recent month) [BCBSM Reports Only]	The value in this column equals 20 percent of the number in the Eligible BCBSM Members (most recent month) column. This percentage is the BCBSM-defined estimate for the portion of the population likely to be candidates for care management.
Total Members Engaged in Care Management (since April 2012)	The number of unique members who had at least one claim with a G-code during the timeframe of the report (starting with April 2012 paid claims, through the current month). NOTES: <ul style="list-style-type: none">• A member is counted only once in this column, even if he/she has multiple claims with G-Codes.• If a member was added to this list and later dropped out of the MiPCT project, he/she is not removed from the count in this column.
% of Eligible Members Engaged in Care Management	The percentage in this column is calculated by dividing the value in Total Members Engaged in Care Management (since April 2012) divided by the value in Eligible Members (most recent month).
Total # of Care Management Claims	The number of claims that have procedures with G-Codes.
Total # of Care Management Claims Paid [BCBSM Reports Only]	The number of G-Code claims marked as paid by BCBSM on the claims record.
Total # of Care Management Claims Not Paid [BCBSM Reports Only]	The number of G-Code claims marked as not paid by BCBSM on the claims record.
% of Care Management Claims Paid [BCBSM Reports Only]	The percentage in this column is calculated by dividing the value in # of Care Management Claims Paid by the value in # of Care Management Claims.