



APC Assistant™

A Single Source for All APC Information

Summary

APC Assistant™ is a comprehensive, Web-based resource containing the latest Outpatient Prospective Payment System (OPPS) regulatory information so organizations can stay current with the nuances inherent in the APC methodology. With APC Assistant, organizations can:

- Accurately assess the profitability of contracts
- Save time and money by refining your payment systems
- Easily identify and correct claim errors
- Quickly access resources that help explain why a code was denied or why an edit occurred

Built and Maintained by OPPS Experts

To keep APC Assistant up to date, Ingenix experts continually scrutinize the Federal Register, CMS Program Memoranda and the OCE, identifying and analyzing the constantly changing—largely undocumented—business rules. The latest information is incorporated into APC Assistant each quarter along with “real world” examples detailing their application.

No IT Assistance Required

Since APC Assistant is Web-based, facility-wide implementation is as easy as visiting www.apcassistant.com, even when staff members are in different locations. No IT assistance is required, and there’s no software to install or update.

Encourage Compliance

APC Assistant encourages compliance by helping ancillary departments make certain that codes on charge forms are accurate and match HCPCS/CPT® form descriptors. It provides an efficient and effective way to choose and validate appropriate HCPCS/CPT® codes and modifiers, identify accurate APC groupings and pinpoint revenue codes.

Key Features

APC Assistant provides a comprehensive, searchable library containing five powerful features, including:

- **Code Assistant™**—Provides efficient and effective ways to choose and validate appropriate HCPCS/CPT® and diagnosis codes, as well as to identify accurate APC groupings. Enables validation of codes on charge forms and claims so codes are current, accurate and match HCPCS/CPT form descriptors. Also lists Medicare’s code criteria for unacceptable, questionable and noncovered codes.
- **OCExpert™**—Identifies and explains Medicare Outpatient Code Editor (OCE) edits, including modifiers and unit edits. Enables providers to “fix” OCE rejections before claims are sent to the fiscal intermediary, and empowers payers to explain why an edit occurred. Shows how HCPCS codes payment status indicators have changed within the APCs for the preceding five quarters.
- **Knowledge Library**—Provides searchable access to all Medicare regulations and program memoranda. Includes links to proprietary documentation and references produced by Ingenix regulatory experts describing and interpreting OPPS, APCs and the OCE.
- **Bulletin Board**—Interact with Ingenix experts or peers at other organizations to learn more about APCs, OCE issues or other topics of interest.
- **Quarterly Updates**—Specifies OCE edit changes, additions and deletions of HCPCS/CCI edit pairs, transitional pass-through codes, unit edits and modifier applications along with other changes.

Why Ingenix

Ingenix is the lead model and standard for Medicare reimbursements and payments. In addition, it’s the most widely adopted facility contracting strategy in the market today. More than 60 percent of all facility claims are under the PPS model. Our payer customer base comprises more than 120 customers, including 19 of the 25 largest MCOs, 75 Medicare Advantage payers, and 7 of the 10 largest managed Medicare payers.

Ingenix Consulting Services

Because implementation of prospective payment methodologies typically represents significant changes for many payers, Ingenix has developed a set of PPS Consulting and Education Services that can help you to weather the transition in an efficient and effective manner that assures your business goals and timeframes will be met.

Start Saving Today

Ingenix can help you begin evaluating today. Contact your Ingenix representative to discuss PPS Products and Services in more detail and see how we can start saving you money on both in-network and out-of network claims.

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