

IBC Coding Bulletin: GAP Code Changes

GAP code changes to be implemented on June 1, 2015

Presently, health care providers are using the following standard code sets to represent injuries and goods and services being claimed on behalf of a claimant:

- **International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada (ICD-10-CA)**^{1,2}
- **Canadian Classification of Interventions (CCI)**^{1 3}
- **GAP codes**

As of June 1, 2015, the GAP codes will be updated. This document will help health care providers and insurers who wish to familiarize themselves with the changes to prepare for the June 1, 2015, HCAI release.

Will the changes affect my practice?

Health care facilities will not have to change their practices related to the preparation of Ontario Claims Forms (OCFs). The process that health care facilities use to apply codes in the HCAI application will remain the same.

To assist with the GAP code changes, the following support will be available:

- The HCAI Information website (www.hcaiinfo.ca) will make all of the new code sets available prior to June 1, 2015. When using the HCAI online application, providers will be able to search for codes as they previously have.
- If a provider uses a GAP code that has been retired, the HCAI application will alert him or her that the code is invalid.

Prior to June 1, 2015, Insurance Bureau of Canada (IBC) will summarize changes that may be relevant to health care providers and provide educational materials. That will be posted on IBC's website here: <http://www.ibc.ca/on/auto/crisis-management/claims-process/coding-faqs>.

Questions?

If you have any questions about using HCAI, email HCAI at facilitysupport@hcaiinfo.ca

¹ Canadian Institute for Health Information. 2014. Based on *International Statistical Classification of Diseases and Related Health Problems*, 10th Revision (ICD-10). World Health Organization 1992-2012. All rights reserved. Modified by permission for Government of Canada purposes by the Canadian Institute for Health Information.

² ICD-10-CA – 2014 Canadian Institute for Health Information.

³ CCI – 2014 Canadian Institute for Health Information.

GAP codes

The GAP codes were developed by stakeholders to permit the coding of interventions (goods or services) that are not captured by the CCI code set. GAP codes represent goods such as ambulatory aids, wheelchairs and home exercise equipment. In addition, GAP codes permit coding of administrative activities, such as client travel time and mileage expenses, and allow assessment activities to be captured in a way that permits an analysis of whether an assessment was initiated by a health care provider or insurer (for an Insurer Examination). Likewise, GAP codes permit the analysis of expenses related specifically to claimants being treated in the *Minor Injury Guideline*. With the exception of a few GAP codes that are being retired or added, the updated GAP codes will reflect existing codes. The descriptions, though, have been edited to more clearly describe the activities.

Table 1: Retired GAP codes

Retired GAP codes effective June 1, 2015	
AXXCN	Cancelled appointment (replaced with AXXMT and AXXMI)
AXXCT	Claimant transportation (replaced with AXXTC and AXXTI)
AXXNS	Missed appointment, a no-show (replaced with AXXMT and AXXMI)
TXXTC	Telephone consultation between insurer examiner and proposing health practitioner (replaced by AXXTP)

Table 2: New/changed GAP codes

New/Changed GAP codes effective June 1, 2015	
AXXTC	Claimant transportation (to treatment)
AXXTI	Claimant transportation (to IE)
AXXKM	Provider treatment mileage (provider to treatment)
AXXKI	Provider Insurer Examination mileage (provider to IE)
AXXMT	Missed treatment appointment (cancelled with insufficient notice or a no-show)
AXXMI	Missed IE appointment (cancelled with insufficient notice or a no-show)
AXXTP	Telephone consultation between insurer examiner and proposing health care practitioner
IXXMP	Med/Rehab paper review (e.g., review of treatment plan as per OCF-23 and OCF-18; S 15 and 16 benefits).
GXX43	Electronic devices for rehabilitation purposes (e.g., a tablet or smartphone prescribed for cognitive rehabilitation)
GXX44	Recorded materials (e.g., tapes or videos for education, training, relaxation)
GXX45	Grab bars (e.g., as prescribed for bathroom for safe transfers)

Description of “Other” administrative activities (AXXOT) and “Other” goods (GXX99)

Health care providers are encouraged to select GAP codes that accurately represent the services or goods being claimed on OCFs. If a GAP code does not exist for a particular service or good, health care providers may use the above two codes to reflect unassigned administrative services or goods. Beginning on June 1, 2015, health care providers will be required to insert a description of the administrative activity or good being claimed when using either of these two codes. This will permit faster adjudication because the adjuster will know what service or good is being claimed.