Frequently Asked Questions

Regarding the classification:

Question	Answer
Should these codes be loaded (and hence billed) alongside existing CCSD procedure codes?	No, these codes present diagnostic service charges and although issued by CCSD do not constitute procedures. The CCSD Schedule of Procedure codes are those you load, and will continue to, into your procedure code table(s). These Schedule of Diagnostic Test codes will be mapped to Charge Master codes as per existing ISC codes.
Will these codes be included within the contracts between insurers and providers?	That is a matter between individual hospitals and providers however the expectation is that this classification will determine the contracted service reference for Diagnostic tests going forward.
Are providers expected to replace their Chargemaster codes with these new proposed Codes?	No. While in a perfect world all parties will use a uniform and unambiguous set of codes for all business transactions we understand the practical realities are very different. As such we would expect to map provider's Chargemaster codes to 'new' ISCs in the current practice.
Are insurers expected to replace their internal system codes with these new proposed Codes?	No. As above, insurers specify the grouping and hence output they wish to receive from Healthcode and that principle will be maintained. Naturally should an insurer wish to replace its existing codes it will be able to do so, but this is not a prerequisite for their deployment. Nor is this a requirement to provide validation or price screening at the granular level.
Do these codes replace Healthcode Industry Standard codes?	No. The numbering and coding system presented within the schedules are not deployable in a systemised manner. Healthcode will therefore map the CCSD schedule codes to ISCs. This may require creation of new ISCs or renaming of existing ones and, where this is the case, Healthcode will create and amend within the ISC schedule.
Will existing Healthcode ISCs not in the CCSD schedule be retired?	Not necessarily. Where a CCSD code supersedes an existing ISC the ISC will most likely be retired. Where an ISC needs to exist beyond the insured world (i.e. the code may be required by hospitals for non-insured work) it will be retained. It is important not to confuse the existence of a code on the schedule with its acceptability on a PMI invoice.

Regarding the programme:

Question	Answer
When will these codes be introduced?	The codes are now effective immediately and any new code mappings undertaken by Healthcode will take the m into account. Individual insurers and providers will introduce them to their own schedules but it is intended major insurers and providers will commence deployment this year (2013).
What do I need to do now?	Nothing regarding the deployment. Healthcode will work with CCSD member organisations initially to ensure their existing Industry Standard Code mappings and the relationships with the new ISC codes are understood and accepted and then agree with them how and when they should be introduced with providers.
Who will decide and drive the deployment schedule?	Individual insurers will engage Healthcode and individual providers to ensure the 'end-to-end' mapping from the provider's Chargemaster to the code received by the Insurer is in line with each organisation's expectations. As there is a single, common, Chargemaster mapping of codes between providers and Healthcode ISCs, the first insurer to be deployed for any given hospital provider will require a substantially larger effort than subsequent deployments.

Further Questions not addressed above should be directed as follows:

- Make-up of the classification via www.ccsd.org.uk or isc.ccsd@capita.co.uk
- Details of the deployment programme custserv@healthcode.co.uk
- General enquiries for CCSD ccsd@capita.co.uk