

**APPENDIX C**  
**GAP CODES – GOODS, ADMINISTRATION, AND OTHER CODES (GAP)**

**What are GAP Codes?**

GAP codes were developed by Insurance Bureau of Canada in conjunction with automobile insurers and health care providers to cover those items billed to automobile insurers by providers that are not covered by the Canadian Classification of Health Interventions (CCI) or may be more efficiently coded using the GAP codes.

Items that may fall outside of the realm of a medical / rehabilitation procedure, intervention, or service, are coded by providers using GAP codes. These include: goods, supplies, assistive devices, mileage, travel time, telephone consultation between the Insurer Examiner and the proposing health practitioner and session codes. These GAP codes are also used to identify various types of assessments and examinations including: Insurer Initiated Examinations and Health Care Provider Initiated Examinations (for treatment and rehabilitation purposes).

The hierarchical coding structure of GAP codes is similar to CCI codes to allow summarizing at various levels. GAP codes can be immediately distinguished from CCI codes by the leading alphabetic character, as all CCI codes begin with a numeric code.

**PROVIDERS SHOULD CONTACT THEIR ASSOCIATIONS FOR GUIDANCE WITH CODING.**

**GAP Code Structure**

The code structure of GAP codes is modeled after 5-digit CCI base codes.

<b>GAP Base (Mandatory)</b>		
Position 1	Position 2-3	Position 4-5
Section	Group	Intervention

GAP codes include the following broad categories:

<b>Section Code</b>	<b>Section Description</b>
A	Administrative Charges
G	Goods and Supplies
H	Health Provider Initiated Examinations (Sec 25)
I	Insurer Initiated Examinations (Sec 44)
M	Minor Injury Guideline
S	Session Codes

### **Presentation Format**

The presentation format for a GAP code includes a decimal after the Section code and Group code. HCAI will accept codes with or without decimals. As GAP codes are immediately distinguished from CCI codes by the leading alphabetic character, there is never a need for an asterisk.

### **Data Storage and Transmission (for Practice Management Software)**

Decimals should not be included in machine-readable data. The current maximum length of a GAP code is five alphanumeric characters.

### **Using Session Fee Codes (SZZPR)**

The Session Fee code (SZZPR) is a service code that providers may wish to use for a group of physical rehabilitation services. If the insurer approves the Session Fee and the Treatment Plan contains a complete description of each of the interventions included (bundled) in a Session, this code allows providers to use a Session Fee code on the invoice, thereby eliminating the need to itemize each of the services or interventions rendered on specific dates of service.

Use of session codes in the invoice is limited to those facilities that have obtained insurer approval through the Treatment Plan (OCF-18). Failure to supply details of the proposed component interventions will be considered incomplete.

A physical rehabilitation Session Fee code:

- Can be proposed on a Treatment Plan for an injury requiring these services, providing the injuries are not subject to the Minor Injury Guideline.
- Session Fee codes may not be used in conjunction with Guideline treatment, nor can they be used to replace a Guideline.
- Session Codes may only be used for physical rehabilitation treatments such as manual therapies, exercise, education, and other physical interventions.
- When Session Fee codes are used on invoices, any physical rehabilitation modalities and interventions over and above the Session Fee codes are not separately reimbursable.

The fees that are declared on the treatment plan should be clear and allow comparison with the Superintendent of Insurance's professional fee guidelines. As well, they should appropriately reflect the provider-to-patient ratio for services rendered in group settings. Component interventions should clearly indicate the provider rendering the service, the cost of the service, and, where appropriate, the amount of time spent with the patient by each provider. As described in the next paragraph, there are some circumstances where the time spent is not required. **The total cost of the session is the sum of the component services or interventions.**

While the session code must be used with the unit measure "SN", the services bundled in the session should be coded with time (HR) as the unit measure for health care services and interventions when they have historically done so. This means that use of the "PR" code

for procedure should be limited to interventions where there is a history of invoicing on a procedure basis – for example: radiology, manipulation, forms completion. The compensation rate for interventions coded as “PR” should be consistent with the intent of the Superintendent’s fee guidelines.

**Part 12: Proposed Goods or Services Requiring Insurer Approval**

To the extent possible, this Treatment and Assessment Plan should include all Goods & Services contemplated by the Regulated Health Professional/Facility referred to in Part 5 for the period of this Treatment and Assessment Plan. Please fill out all Goods and Services and associated information. To create a session, select the check box for each Goods & Services to be included in this session and then click the Create Session button. To delete any items from a session code, select the session code in question and use the Separate Session button. If HST applies to a good or service, check Proposed Tax checkbox on that line item.

**SEPARATE SESSION**

GS Ref#	Code	Description	Provider Reference	Quantity /Measure	Cost/Day	Total Count	Total Cost	Proposed Tax
<input type="checkbox"/>	1 S.ZZ.PR	Physical Rehabilitat...		1 SN	96.29	<input type="text"/>		
	S.ZZ.PR	Physical rehabilitation	<a href="#">McGinnis, Emily</a>	1 SN	80.04			<input type="checkbox"/>
	1.SJ.02	"Exercise, back NEC"	<a href="#">Maximus, Terry</a>	0.25 HR	16.25			<input type="checkbox"/>

The fee for treatment sessions is indicated with the goods and service reference number and session code as shown in the example above. The interventions or procedures which will be rendered in the session are itemized but have no separate goods and service reference number, as they will not be itemized when invoicing.

*Invoice with Session Codes*

Providing the insurer has previously agreed, when invoicing, the provider need only indicate the date of the session, the session code, the providers involved in rendering services each day and the approved session fee.

Code	Description	Unit Measure
<b>A – Administrative/Other Services</b>		
AXXTC	Claimant transportation (to treatment)	HR, KM, PR
AXXTI	Claimant transportation (to IE)	HR, KM, PR
AXXKM	Provider treatment mileage (provider to treatment)	KM
AXXKI	Provider Insurer Examination mileage (Provider to IE)	KM
AXXMT	Missed treatment appointment (cancelled with insufficient notice or no-show)	HR, PR
AXXMI	Missed IE appointment (cancelled with insufficient notice or no-show)	HR, PR
AXXTP	Telephone consultation between insurer examiner and proposing health practitioner	HR, PR
AXXKM	Mileage (Provider to treatment)	KM
AXXOT	Other (description of administrative service is required e.g. parking, photocopying)	HR, PR, PG
AXXTT	Travel Time (Provider to treatment)	HR
<i>Note: Claimant translation services can be coded with the CCI code: 7SF19</i>		
<b>H – Health Provider Initiated Examinations and reports (Sec 25)</b>		
HXXAC	Attendant Care	PR, HR, PG
HXXCA	Catastrophic	PR, HR, PG
<b>Code</b>	<b>Description</b>	<b>Unit Measure</b>
HXXCO	Combined Assessments (addressing more than one type of benefit)	PR, HR, PG

	application)	
HXXDI	Disability Pre 104 weeks	PR, HR, PG
HXXMR	Med/Rehab	PR, HR, PG
HXXPW	Disability Post 104 Weeks	PR, HR, PG
<b>I – Insurer Initiated Examinations and reports (Sec 44)</b>		
IXXAC	Attendant Care	PR, HR, PG
IXXCA	Catastrophic	PR, HR, PG
IXXCO	Combined Assessments (addressing more than one type of benefit application)	PR, HR, PG
IXXDI	Disability Pre 104 weeks	PR, HR, PG
IXXMR	Med/Rehab	PR, HR, PG
IXXMP	Med/Rehab paper review. (For example: review of treatment plan as per OCF 23 and OCF 18; S 15 and 16 benefits.)	
IXXPW	Disability Post 104 Weeks	PR, HR, PG
IXXDR	Involvement in subsequent dispute resolution	PR, HR, PG
<b>M – Minor Injury Guideline Block Billing Codes (See Appendix D)</b>		
<b>S – Session Codes</b>		
SZZPR	Physical Rehabilitation	SN
<b>G – Goods and Supplies</b>		
GXX01	Back Roll	GD
GXX02	Back Support (e.g. back support with rigid shell)	GD
GXX03	Bath Bench	GD
GXX04	Bath Scrubber (long-handled)	GD
GXX05	Bath Tub Seat	GD
GXX06	Brace	GD
GXX07	Cane	GD
GXX08	Collar (cervical)	GD
GXX09	Crutches	GD
GXX10	Dusting Device (long-handled)	GD
GXX11	Educational Material (handouts, books)	GD
GXX12	Elastic Bandage	GD
GXX13	Ergonomic Mat	GD
GXX14	Exercise Equipment	GD
GXX15	Gloves (protective and therapeutic)	GD
GXX16	Heat Lamp	GD
GXX17	Heat Pad	GD
GXX18	Hot/Cold Gel Pack	GD
GXX19	Laundry Bag – mesh	GD
GXX20	Long-handled Reacher	GD
GXX21	Lumbar Support (high)	GD
GXX22	Lumbar Support (low)	GD
GXX23	Massager (personal)	GD
GXX24	Orthopaedic Devices	GD
GXX25	Orthotic Devices	GD
GXX26	Pillow (aqua)	GD
GXX27	Pillow (cervical)	GD
GXX28	Pails/Mops (light weight)	GD
GXX29	Shower Hose/Head (hand held)	GD
GXX30	Sleep Roll	GD

<b>Code</b>	<b>Description</b>	<b>Unit Measure</b>
GXX31	Sling	GD
GXX32	Splint	GD
GXX33	Stool	GD
GXX34	TENS Unit	GD
GXX35	TENS Unit Accessories	GD
GXX36	Therapy Ball	GD
GXX37	Toenail Clipper - long reach	GD
GXX38	Toilet Seat (raised)	GD
GXX39	Traction Equipment	GD
GXX40	Vacuum Cleaner (light weight)	GD
GXX41	Walker	GD
GXX42	Wristband	GD
GXX43	Electronic devices for rehabilitation purposes (E.g. Tablet or smartphone prescribed for cognitive rehabilitation)	GD
GXX44	Recorded materials (e.g. Tapes, videos for education, training, relaxation)	GD
GXX45	Grab bars (e.g. As prescribed for bathroom for safe transfers)	GD
GXX99	Other (description of good is required)	GD