CHIA Data User Workgroup

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February 25, 2025

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Agenda

- ➤ **Announcements:**
  - FY2023 Case Mix Releases, Documentation and Release Notes
  - Certificate of Continued Need and Compliance
  - CHIA's YouTube Video Training on Data Use Obligations
  - New - MA APCD CY2023 Now Available for Request
  - New England Journal of Medicine Launches new journal NEJM AI

- ➤ **Data User Support Questions**
  - CPT and HCPCS codes for AI-enabled medical devices and diagnostic services
  - Member Link EIDs for Behavioral Health Care Transitions
  - Payer Source Code for Medicare HMO Products

- ➤ **Q&A**

Announcements

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FY2023 Case Mix Releases and Documentation

ALL FY2023 CASE MIX RELEASES ARE AVAILABLE

- Hospital Inpatient Discharge Data FY2023 (HIDD)

- Outpatient Emergency Department Visit Data FY2023 (EDD)

- Outpatient Observation Stay Data FY2023(OSD)

Documentation and Release notes available at
https://chiamass.gov/case-mix-data

Case Mix Documentation

Hospital Inpatient Discharge Database (HIDD)
- FY23 Documentation Manual (PDF) | Word
- FY23 Release Notes (PDF) | Word

Emergency Department Database (EDD)
- FY23 Documentation Manual (PDF) | Word
- FY23 Release Notes (PDF) | Word

Outpatient Observation Database (OOD)
- FY23 Documentation Manual (PDF) | Word
- FY23 Release Notes (PDF) | Word

CASE MIX DOCUMENTATION AND RELEASE NOTES

Before accessing the FY2023, review the case mix documentation and release notes. The documentation contains a data overview, including data element list, data dictionary, reference tables, and summary statistics. The release notes contain information directly submitted by hospitals explaining data anomalies. Remember to review documentation and release notes before accessing data.

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CERTIFICATE OF CONTINUED AND COMPLIANCE

Exhibit B (Page 10 of the DUA)

Those with approved projects using previous data who a new year's data should submit an Exhibit B (Certificate of Continued Need and Compliance) of page 10 the Data Use Agreement. Afterwards, you will receive an invoice (if applicable). Upon payment, the order for the new year of data will be placed.

CHIA's YouTube Channel Video

Data users should review CHIA's short 12-minute YouTube video by CHIA's Legal Unit on the Data Use Obligations of Recipients of CHIA Data: A Refresher Training Session for Lead Researchers Holding and Using CHIA Confidential Data at:

https://www.youtube.com/watch?v=Zr0GTm9PBXg

DATA USE OBLIGATIONS OF RECIPIENTS OF CHIA DATA:
A REFRESHER TRAINING SESSION FOR LEAD RESEARCHES HOLDING AND USING CHIA CONFIDENTIAL DATA

EXHIBIT B
CERTIFICATE OF CONTINUED NEED AND COMPLIANCE
(complete and submit to CHIA when requesting new data for approved Project)

The Recipient has been approved under a Data Application entitled, _____ to receive additional years or versions of Data. All use of Data shall be governed by that certain Data Use Agreement, dated as of _____, by and between CHIA and Recipient (the "Agreement").

Recipient wishes to receive the additional years or release versions of the Data and CHIA is willing to provide such Data under the terms of the Agreement and the terms herein.

Name and title of Primary Investigator (Applicant):	
Organization Requesting Data (Recipient):	
Project Title:	
Year or Version of Data Requested:	

The Recipient hereby certifies:

1.) The Recipient is in full compliance with the Agreement;
2.) The year or release version of Data, identified above, is necessary to complete the Project;
3.) No changes have been made to the Project.

The undersigned further acknowledges:

1.) Prospective years or release versions of Data will be provided as available: the Data may not be provided in the same format, with the same data elements, or during the same timeframe as previous years or versions of Data, or at all;
2.) The additional years or version of Data released under a Data Application may only be used solely for the Project set forth in that Data Application, and, unless approved by CHIA under an amendment hereto, for no other Project or use; and
3.) The Recipient must remit any applicable Data fees prior to extraction and release of the Data; Data fees may be subject to change.

Capitalized terms used herein and not defined shall have the same meanings assigned to them in the Agreement. This Certificate is effective as of the date below.

Name of authorized signatory:		Organization:		
Street Address:		City:	State:	Zip Code:
Office Telephone (Include Area Code):		E-Mail Address:		
Signature:	Title:		Date:	

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MA APCD CY2023 Now Available

New Data Release

CY2023 MA APCD is now available and includes medical, pharmacy and dental claims incurred between January 1, 2019, and December 31, 2023. It includes a six months of run-out (paid claims through June 30, 2024). In addition to claims data, the release includes associated member eligibility, providers, products, and benefit plans. Applicants already approved for MA APCD CY2022 who require CY2023 should submit to CHIA a completed Exhibit B (*Certificate of Continued Need and Compliance*) of the DUA. Afterwards, you will receive an invoice (if applicable) for the requested data. Upon payment of the invoice the order for the data will be placed. As with case mix data, before accessing the MA APCD remember to review documentation on the releases available at:

https://www.chiamass.gov/ma-apcd/

Documentation and Release notes available at
https://chiamass.gov/ma-apcd

Before accessing the CY2023 MA APCD, review the documentation guide and release notes for important highlights and updates to the data. For example, in this release, CHIA's substance use disorder filter was updated to include fourteen new codes within the ranges in the 2018 CMS SUD filter.

MA APCD Calendar Year 2023 Documentation

- MA APCD CY 2023 Documentation Guide
- MA APCD CY 2023 Release Notes
- MA APCD Government Data Specifications Workbook
- MA APCD Non-Gvnt. Data Specifications Workbook (Limited Data Set-LDS)
- MA APCD CY 2023 MPI Data Exclusion Overview
- MA APCD Master Patient Index

NEJM AI

Vol. 1, No. 1 | January 2024
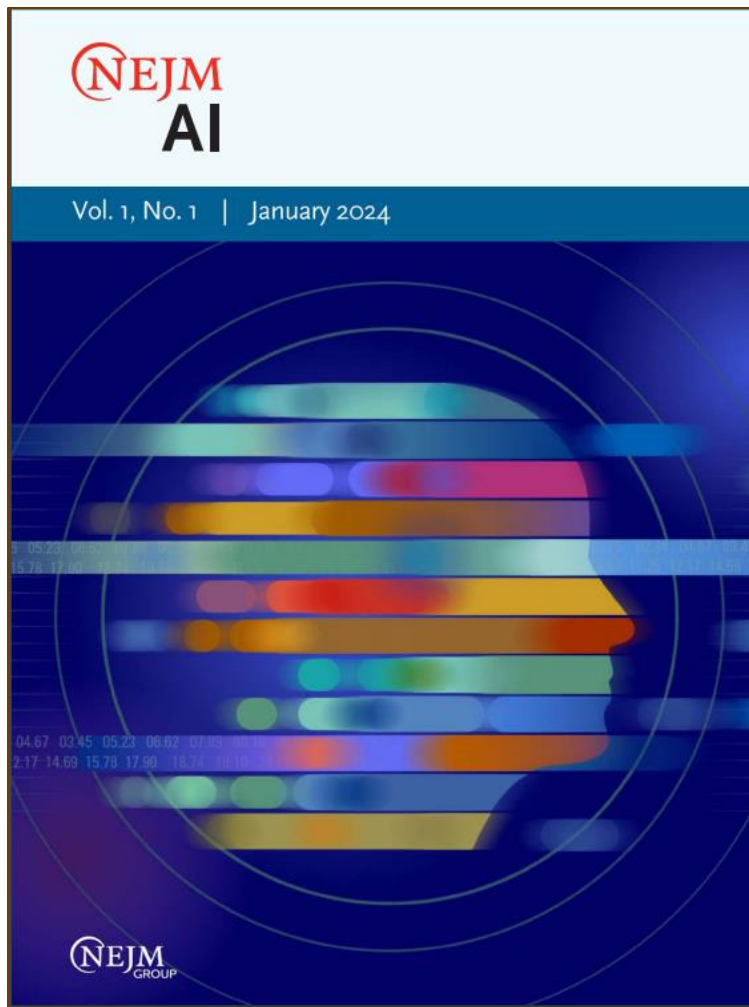
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NEJM AI, a new monthly journal from New England Journal of Medicine Group of the Massachusetts Medical Society, explores AI and machine learning in clinical medicine. It fosters interdisciplinary dialogue, pairing pre-clinical and clinical articles to provide critical context for both clinicians and researchers.

The journal covers AI applications in biomed informatics, telemedicine, medical imaging, personalized medicine, and policy. It adheres to NEJM's rigorous peer-review standards and publishes original research, datasets, case studies, reviews, perspectives, policy discussions, and editorials. NEJM AI bridges technological advancements with clinical practice, addressing ethical, regulatory, and implementation challenges in medical AI.

The first issue is downloadable for free at: https://ai.nejm.org/toc/ai/1/1

Data User Support Questions

CHIA.

Question: Where are the most comprehensive sources of information on the implementation of CPT and HCPCS codes for AI-enabled medical devices and diagnostic services for healthcare billing? And, to what degree do current datasets reflect the utilization of these codes in clinical and administrative settings?

Answer: The **American Medical Association (AMA)** is responsible for creating, maintaining, and updating the CPT code set, including AI-related CPT codes. In 2021, the AMA's CPT Editorial Panel accepted the addition of a new **Appendix S** to provide guidance for classifying various AI applications. AMA advises this Appendix S be consulted for code change applications associated with the use of AI-enabled medical services and/or procedures. Appendix S classifies AI applications into three categories: **assistive**, **augmentative**, and **autonomous** based on the level of physician or qualified health professional involvement. Assistive AI detects relevant data without analysis, augmentative AI analyzes and quantifies data but requires physician interpretation, and autonomous AI independently generates conclusions and management decisions at three levels, ranging from requiring physician approval to full automation with optional override. See:

https://www.ama-assn.org/practice-management/cpt/cpt-appendix-s-ai-taxonomy-medical-services-procedures

Answer (*continued*): In September 2024, when AMA released the 2025 CPT code set, AMA described ongoing updates to AI coding rubric **(https://www.ama-assn.org/press-center/press-releases/ama-releases-cpt-2025-code-set):**

> **Augmented/Artificial Intelligence (AI)**
>
> The AI Taxonomy introduced in 2023 has been implemented in category III CPT codes to classify AI medical services and procedures as assistive, augmentative, or autonomous based on the work performed by the AI application on behalf of the physician or other qualified health care professional (QHP). Seven category III code have been established for AI augmentative data analysis involved in electrocardiogram measurements (0902T and 0932T), medical chest imagining (0877T-0880T), and image-guided prostate biopsy (0898T).

While AMA oversees the CPT codes, the **Centers for Medicare & Medicaid Services (CMS)** is responsible for creating, maintaining and updating the HCPCS code set, including all AI-related HCPCS codes, and determining which AI-enabled services are covered under Medicare and Medicaid. CMS collaborates with the AMA and other stakeholders to assess the clinical validity, cost-effectiveness, and regulatory compliance of AI medical technologies, ensuring that AI-based CPT and HCPCS codes align with federal healthcare policies, reimbursement frameworks, and patient care standards. Quarterly updates to CPT codes are downloadable at: https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update . CMS has launched a new AI website which contains direct links to all CMS AI resources.

New CMS AI Website https://ai.cms.gov/

Artificial Intelligence at CMS

At CMS, Artificial Intelligence (AI) has the power to reshape the way we use data to make decisions. In fact, because CMS is such a data-rich agency, there is no better place to implement AI technology. To do so responsibly, we must educate our workforce, share knowledge with our partners, follow ethical standards, and experiment with new methodologies.

That is why we have created this website. It offers a starting point for stakeholders interested in any aspect of AI at CMS.
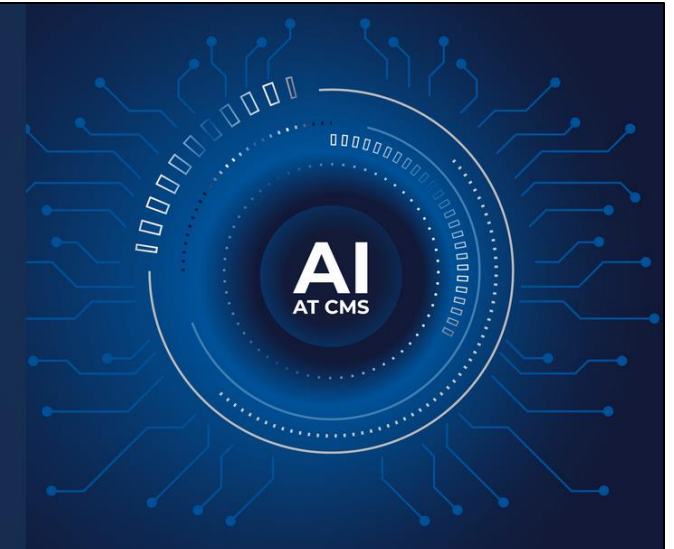
Leveraging the power of AI to serve America's healthcare needs

Answer (*continued*): CMS published a 102-page **Artificial Intelligence Playbook**. See: https://ai.cms.gov/assets/CMS_AI_Playbook.pdf
Which provides guidelines, best practices, and governance frameworks for the responsible implementation of AI within CMS. The Playbook highlights several issues involving AI models and health data including:

- **Data Quality and Availability** – AI models rely on large volumes of high-quality, representative data. Issues like incomplete, biased, or unstructured data can lead to inaccurate predictions and inequitable outcomes.

- **Privacy and Security Risks** – AI-driven healthcare applications must adhere to HIPAA, the Privacy Act, and other regulations, ensuring personal health information and personally identifiable information are protected from breaches and misuse.

- **Bias and Equity Concerns** – AI systems can perpetuate disparities in healthcare if trained on biased datasets, requiring rigorous fairness assessments and mitigation strategies.

- **AI Transparency and Explainability** – Ensuring that AI-driven decisions are understood and justified by clinicians, patients, and policymakers to ensure regulatory compliance.

- **Interoperability and Integration Challenges** – AI applications must be designed to function across different CMS systems, healthcare providers, and payer networks while maintaining standardized data governance policies.

- **Ethical and Compliance Oversight** – The need for governance frameworks to ensure AI models align with CMS policies, regulatory mandates, and ethical best practices.

- **Scalability and Sustainability of AI Models** – AI projects must transition from pilot phases to fully operational, scalable solutions that can be maintained over time, considering factors like computational costs, infrastructure readiness, and evolving CMS needs.

CMS Artificial Intelligence Playbook

Version 3

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES
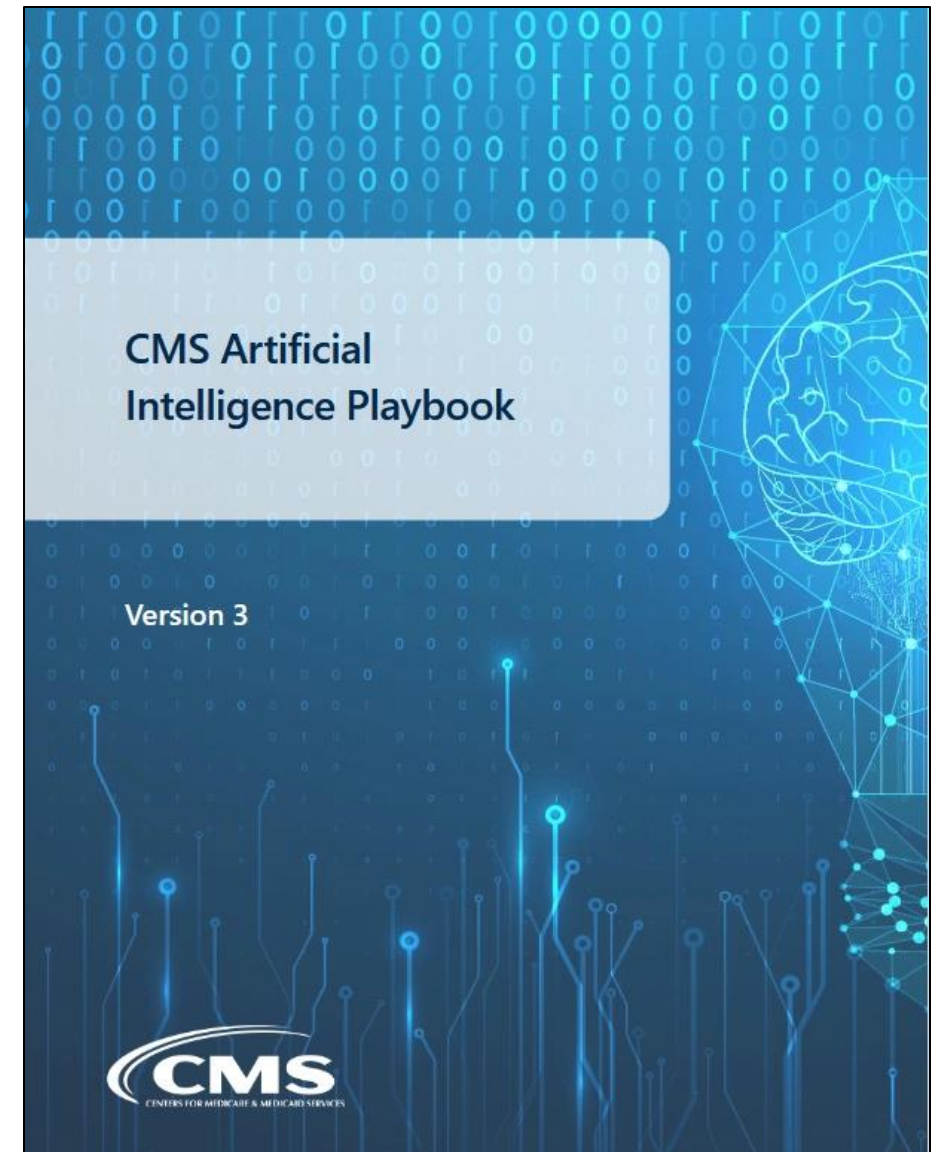
Answer (*continued*): Concerning the current use of AI coding, the inaugural issue of the New England Journal a Medicine's new NEJM AI journal published, "**Characterizing the Clinical Adoption of Medical AI Devices through U.S. Insurance Claims**". The investigators applied AI related CPT codes to the IQVIA PharMetricsVR Plus for MedTech dataset, a health plan database of medical and pharmacy claims of more than **210 million unique U.S. enrollees** from largely commercial health plans. Downloadable at: https://ai.nejm.org/doi/pdf/10.1056/AIoa2300030 The key findings were:

- **Limited but Growing Adoption**: Although over 500 medical AI devices have received FDA approval, real-world adoption remains limited, with only a few devices—such as those for coronary artery disease and diabetic retinopathy—accumulating over 10,000 CPT claims.

- **Geographic and Economic Disparities**: AI medical devices are predominantly used in high-income, metropolitan areas and academic medical centers, highlighting disparities in access to AI-driven healthcare technologies.

- **Billing and Reimbursement Insights**: The study systematically tracks AI-specific CPT codes to assess their usage in clinical practice, finding that most AI-related procedures are still emerging and that reimbursement mechanisms significantly influence adoption.

- **Variability in Pricing and Coverage**: Medicare and private insurance show discrepancies in AI-related reimbursement rates, with private payers generally negotiating higher prices than CMS-set payment rates, reflecting ongoing uncertainty in AI valuation.

- **Challenges in AI Implementation**: Beyond regulatory approval, AI adoption is hindered by clinical workflow integration, economic incentives, and physician interaction with AI outputs, suggesting that broader systemic changes are needed for widespread AI utilization in healthcare.

ORIGINAL ARTICLE

Characterizing the Clinical Adoption of Medical AI Devices through U.S. Insurance Claims

Kevin Wu, M.S.,[1] Eric Wu, M.S.,[2] Brandon Theodorou,[3] Weixin Liang, M.S.,[4] Christina Mack, Ph.D.,[5] Lucas Glass, Ph.D.,[5] Jimeng Sun, Ph.D.,[3,6] and James Zou, Ph.D.[1,2,4]

Abstract

There are now over 500 medical artificial intelligence (AI) devices that are approved by the U.S. Food and Drug Administration. However, little is known about where and how often these devices are actually used after regulatory approval. In this article, we systematically quantify the adoption and usage of medical AI devices in the United States by tracking Current Procedural Terminology (CPT) codes explicitly created for medical AI. CPT codes are widely used for documenting billing and payment for medical procedures, providing a measure of device utilization across different clinical settings. We examined a comprehensive nationwide claims database of 11 billion CPT claims between January 1, 2018, and June 1, 2023 to analyze the prevalence of medical AI devices based on submitted claims. Our results indicate that medical AI device adoption is still nascent, with most usage driven by a handful of leading devices. For example, only AI devices used for assessing coronary artery disease and for diagnosing diabetic retinopathy have accumulated more than 10,000 CPT claims. Furthermore, we found that zip codes that had a higher income level, were metropolitan, and had academic medical centers were much more likely to have medical AI usage. Our study sheds light on the current landscape of medical AI device adoption and usage in the United States, underscoring the need to further investigate barriers and incentives to promote equitable access and broader integration of AI technologies in health care.

Introduction

As artificial intelligence (AI) has rapidly progressed in recent years, significant investments have been devoted to developing and commercializing AI in medicine. As of 2023, over 500 medical AI devices have undergone U.S. Food and Drug Administration (FDA) evaluation and received approval across areas such as radiology, neurology, and pathology.[1] During an FDA submission, device manufacturers are required to report evidence of the efficacy and safety of their products, providing crucial

The author affiliations are listed at the end of the article.

Dr. Zou can be contacted at jamesyzou@gmail.com or at 350 Jane Stanford Way, Room 369, Stanford, CA 94305.

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Answer (*continued*): The AI related procedure codes ('92229','0501T','0502T','0503T','0504T', '0623T', '0624T', '0625T', '0626T', '0648T', '0649T', '0697T', '0698T', '0689T', '0690T', '0764T', '0716T', '0723T', '0724T', '0777T', '0721T', '0722T','0740T','0741T','0691T','0710T','0713T', '0731T', '0749T') analyzed in the NEJM AI journal's national study, "Characterizing the Clinical Adoption of Medical AI Devices through U.S. Insurance Claims" by Kevin Wu and his seven co-investigators at Stanford University and the University of Illinois Urbana-Champaign were utilized to determine their emergence in the MA APCD. In the MA APCD years 2021, 2022, and 2023, the procedure code ranking by claim volume matched the findings of national study for the top-ranking procedure code range of 0501T-504T for coronary artery disease. See Table below.

AI Codes
in the
MA APCD

Summary of Select AI CPT Code Ranked by Claim Volume in MA APCD for Incurred Years 2021-2023

Claim Count	Procedure Codes	National Study Disease or Medical AI Procedure Description	CPT Description
4818	0501T–0504T	Coronary Artery Disease	Noninvasive estimated coronary fractional flow reserve derived from coronary computed tomography angiography data
1705	0689T–0690T	Breast Ultrasound	Quantitative ultrasound tissue characterization (non-elastographic)
1305	0648T–0649T	Liver MR	Quantitative magnetic resonance for analysis of tissue composition
175	92229	Diabetic retinopathy	Imaging of retina for detection or monitoring of disease
137	0764T–0765T	ECG cardiac dysfunction	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction
33	0623T–0626T	Coronary atherosclerosis	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease
*	0697T–0698T	Multiorgan MRI	Quantitative magnetic resonance for analysis of tissue composition
*	0723T–0724T	Quantitative MR cholangiopancreatography	Quantitative magnetic resonance cholangiopancreatography
*	0777T	Epidural infusion	Real-time pressure-sensing epidural guidance system

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Answer (*continued*): . While imaging for diabetic retinopathy ranked second in the national study, breast ultrasound ranked second in the MA APCD. The growth of medical AI in CPT codes in the MA APCD mirrored the upward linear trend in the national study from year 2021 through year 2023.

MA APCD Increase in Monthly Medical Claim Line for CPT AI Procedures for Incurred Years 2021-2023
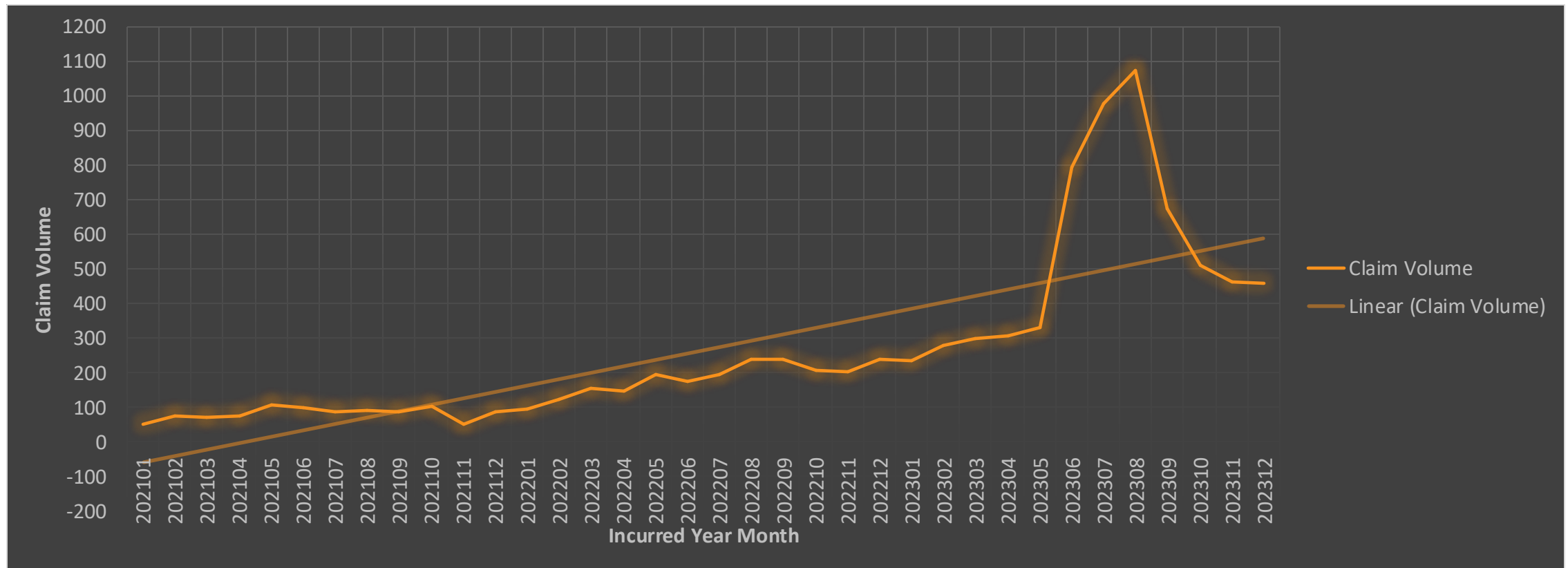
Question: I am currently using the MA APCD, specifically in years 2019-2022, to conduct behavioral health care transition analysis and am finding a significant number of member link EIDs (MEIDs) missing for OrgID 10187, an OrgID not listed on the Master Patient Index exclusion report. What is the relationship between this OrgID and MassHealth? Is there a resolution to the missing MEIDs?

Member Link EIDs for Care Transitions
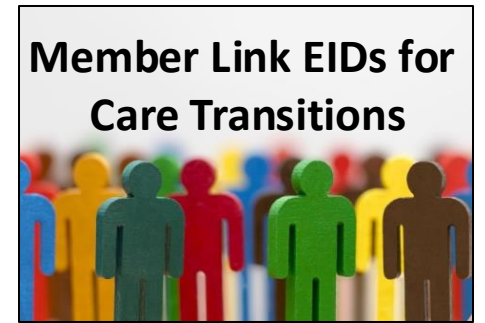
Answer: Yes, these MEIDs are not missing. They are there. OrgId **10187** is Massachusetts Behavioral Health Partnership (MBHP) which is a managed behavioral health organization that administers behavioral health services for MassHealth (OrgId **3156**), the Massachusetts' Medicaid program. MBHP oversees and coordinates mental health and substance use disorder services for individuals enrolled in certain MassHealth plans, including those in the Primary Care Clinician (PCC) Plan and other eligible managed care plans. Since the restructuring of MassHealth into an Accountable Care Organization (ACO) and Managed Care Organization (MCO) model, MBHP primarily serves MassHealth members who are not enrolled in ACOs with their own behavioral health administrators. Therefore, MBHP does not serve all MassHealth members but plays a crucial role in managing behavioral health for those in specific MassHealth programs.

All the MEIDs for MHBP (OrgId 10187) beneficiaries in the claims database can be obtained through linkage to the member eligibility table under MassHealth (OrgId 3156).

In the medical claims database, yes, there is a field called OrgID where you see the value '10187'. However, every record which has that value in the OrgID field has the value '3156' for MassHealth in a second field called linkorgidme.

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Answer *(continued):* As shown below, if you ran a query of orgid and linkorgidme, you would see that the linkorgidme associated with orgid 10187 is 3156 as shown below.

```
QUERY:                    SELECT t.orgid ,t.linkorgidme
                          FROM cy2021.tbl_medicalclaim t
                          WHERE t.orgid = 10187
                          LIMIT 5;

RESULTS:

                          orgid        linkorgidme
                          10187        3156
                          10187        3156
                          10187        3156
                          10187        3156
                          10187        3156
```
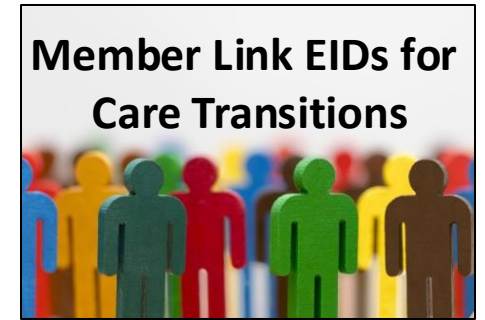
As shown below, link medical claims to member eligibility table using two fields: **chiacarrierspecificuniquememberid (CSUMID)** in medical claims links to **CSUMID** in the member eligibility table. However, instead of also using **orgid** from the medical claims for linkage, use **linkorgidme** in medical claims to link to **orgid** in the member eligibility table. This approach ensures that you obtain the **MEIDs** for members under **orgid 10187**, which were generated based on MassHealth demographic data. Note that in the results below, the actual **memberlinkeids** have been masked.

```
QUERY:                    SELECT t.orgid, t.linkorgidme, m.memberlinkeid
                          FROM        cy2021.tbl_medicalclaim t
                          INNER JOIN  cy2021.tbl_membereligibility m
                             ON t.linkorgidme = m.orgid AND t.chiacarrierspecificuniquememberid = m.chiacarrierspecificuniquememberid
                             WHERE t.orgid = 10187
                          LIMIT 5;

RESULTS:

                          orgid        linkorgidme      memberlinkeid
                          10187        3156             6XXXXX
                          10187        3156             8XXXXX
                          10187        3156             4XXXXX
                          10187        3156             6XXXXX
                          10187        3156             6XXXXX
```

CHIA.

Question: I am using the FY2021-2023 Hospital Inpatient Discharge Data and am unclear on what is encompassed under Payer Source Code 134, Medicare HMO - Other (not listed elsewhere). I would appreciate any information you can share.

Payer Source Codes

Answer: In the case mix data, Payer Source Code '134' serves as an aggregate classification encompassing a vast array of Medicare HMO products, numbering in the several thousands. These products, along with their associated benefits, are subject to continual flux, with frequent modifications and updates. To provide an example (**see table below**), CHIA linked case mix records containing Payer Source Code '134' to the MA APCD and below are just **a few** examples of the corresponding MA APCD product details associated with patients with Payer Source Code '134'.

The case mix payer source codes function as broad categorical designations, strategically structured to streamline administrative processes and prevent delays in the timely dissemination of case mix datasets without the concurrent requirement of ensuring granular look-up table definitions governing thousands and thousands of individual insurance products are continuously updated to reflect ongoing changes. Researchers and analysts requiring a more granular examination of product-level distinctions are encouraged to apply for the MA APCD for comprehensive data analysis which does capture the ongoing product churning in specific detail.

Examples of Medicare HMO Products

Carrier	Product Name
Blue Cross Blue Shield of Massachusetts	Medicare PPO Blue
Blue Cross Blue Shield of Massachusetts	Medicare HMO Blue
Health New England, Inc.	Medicare Supplement Core Policy Medicare Supplement Core Policy Rider
Tufts Health Plan	MA THP Medicare Preferred
Tufts Health Plan	Medicare Complement Plan
WellPoint, Inc.	MEDICARE EXTENSION WITH CIC
United Healthcare Insurance Company - Ovations Insurance Solutions	MY1 - MEDICARE SUPPLEMENT
United Healthcare Insurance Company - Medicare Advantage	UnitedHealthcare Group Medicare Advantage (PPO)
United Healthcare Insurance Company - Medicare Advantage	AARP Medicare Advantage Choice (Regional PPO)
United Healthcare Insurance Company - Medicare Advantage	AARP Medicare Advantage Plan 1 (HMO)
United Healthcare Insurance Company - Medicare Advantage	AARP MedicareComplete Choice (Regional PPO)
United Healthcare Insurance Company - United Behavioral Health	HPHC MA MEDICARE SUPPLEMENT

CHIA.

When is the next Data User Group meeting?

- The next User Group will meet Tuesday, March 25, 2025.

- http://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroup-information/

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Questions?

- Questions related to MA APCD email:

  apcd.data@chiamass.gov

- Questions related to Case Mix email:

  casemix.data@chiamass.gov

REMINDER

CHIA still receives a high volume of email from data users who do not include their IRBNet ID. If you are in the process of or have already submitted a data application to CHIA through IRBNet https://www.irbnet.org/release/home.html, due to the volume of email CHIA receives, please remember to always include your IRBNET ID# in the subject line of your email. Doing so facilitates tracking your application and expediting responses to any questions.