



Important Content Update Message

We are currently updating the OP Help Center content for OP 20. We appreciate your patience as we continue to make these updates. To locate the version of your software, navigate to: **Help tab > About**

Block and Substitute Rules

Last Modified on 07/31/2020 3:39 pm EDT

Version 20.5

The Block and Substitute feature has been enhanced and renamed Advanced Workflow Rules Engine (or OP AWARE).

[Click here to go to the OP AWARE Overview.](#)

Version 20.4

Overview

Path: Billing tab > More button (Customize group) > Coding Substitution Rules

Block and Substitute Rules (or Coding Substitution Rules) can be created in OP to automate some of your common coding rules regarding CPT code modifiers, EPSDT codes, units, and ICD-10 diagnosis codes. There are three options to consider when creating these rules. You can substitute, add, or remove. Additionally, you can choose to apply a rule to all payers, or create rules one payer at a time. These rules will be applied to all superbills as they are posted and claims that are manually entered.

Field	Description
Ins Payer Name	Select the payer that the rule will apply to, or select [*] to apply the rule to all payers. Rules may only be created for payers who have been marked 'Active for all' providers in the Insurance Payer List.
Block Code	Enter the CPT code to block or search for it using the ellipsis button after clicking in the field.
Subst Code	Enter the CPT code that will substitute the blocked code or search for it using the ellipsis button after clicking in the field.
Mod 1, 2, 3, 4	Enter the modifier to bill out with the CPT code or select it from the dropdown after clicking in the field (optional).
EPSDT	Select if an EPSDT referral is required. Choose Y (yes) or N (no) from the dropdown after clicking in the field (optional).
EPSDT 2	Select if an additional follow up visit is required. Choose from the dropdown after clicking in the field (optional).
Units	Enter unit count if it is different for this payer for this CPT code (optional).
Date Activated	Select the date of service for the system to begin applying this rule.
Expiry Date	Select the date for the system to no longer apply this rule. This is not necessary for new entries.
ICD-9	N/A - no longer used.
ICD-10	Enter the diagnosis code needed for billing this CPT code. If this diagnosis code was not listed in the encounter it will be added to the claim automatically.
	Choose from the following: <ul style="list-style-type: none"> Substitute: Changes one CPT code to another or adds special properties to the selected CPT code as listed in the other columns.

Operation

- Add: Allows a single CPT code to be converted into more than one service
- Remove: Blocks the CPT code but does not substitute with another CPT code. The blocked code will be ignored when it occurs for the specified payer and will not appear on claims.

Create an Add Rule

1. Click the **Add** button  to add a new rule. A new entry line will appear. After the rule has been saved, it will be organized under the appropriate payer heading.
2. Choose an **Insurance Payer** or select **[*]** to apply the rule to all payers.
3. Enter the **Blocked** Code.
4. Enter the **Substituted** Code.
5. Enter **Mods 1-4** if necessary.
6. Enter **EPSDT** and **EPSDT 2** if necessary.
7. Enter **Units** if necessary.
8. Enter **Date Activated**. This is necessary in order for the rule to function.
9. Enter the **Expiry Date**. This is not necessary for new rules.
10. Enter the **ICD-10 Code** that should always be billed for the procedure to this payer.
11. Select **Add** in the Operation field.
12. Click the **Save** button .

Example:

Your office bills all insurances for both the Flu A and Flu B test. The second test, according to your payers, should have a QW modifier. You want to create a rule so that your billers don't have to manually add the second test starting with today's claims.

1. Select **[*]** in the Ins Payer field.
2. Enter 87804 in the Block Code field.
3. Enter 87804 in the Substitute Code field.
4. Enter QW in the Mod 1 field.
5. Enter Date Activated, today.
6. Select Add in the Operation field.
7. Save your new rule.



Ins Payer	Block Code	Subst Code	Mod 1	Mod 2	Mod 3	Mod 4	EPSDT	EPSDT2	Units	Date Activated	Expiry Date	ICD-9	ICD-10	Operation
Ins Payer Name : AETNA														
Ins Payer Name : ALL PAYERS (PROXY)														
[*]	87804	87804	QW							5/16/2018				ADD

Create a Substitute Rule

1. Click the **Add** button to add a new rule. A new entry line will appear. After the rule has been saved, it will be organized under the appropriate payer heading.
2. Choose an **Insurance Payer** or select **[*]** to apply the rule to all payers.
3. Enter the **Blocked** Code.
4. Enter the **Substituted** Code.
5. Enter **Mods 1-4** if necessary.
6. Enter **EPSDT** and **EPSDT 2** if necessary.
7. Enter **Units** if necessary.
8. Enter **Date Activated**. This is necessary in order for the rule to function.
9. Enter the **Expiry Date**. This is not necessary for new rules.
10. Enter the **ICD-10 Code** that should always be billed for the procedure to this payer.
11. Select **Substitute** in the Operation field.
12. Click the **Save** button.

Example:

Your office performs removal of impacted cerumen, CPT code 69210. Aetna has advised you that a -59 modifier is

required for payment. You want to create a rule so that your billers don't have to manually add the modifier starting with today's claims.



1. Select Aetna in the Ins Payer field.
2. Enter 69210 in the Block Code field.
3. Enter 69210 in the Substitute Code field.
4. Enter 59 in the Mod 1 field.
5. Enter Date Activated, today.
6. Select **Substitute** in the Operation field.
7. Save your new rule.

Ins Payer	Block Code	Subst Code	Mod 1	Mod 2	Mod 3	Mod 4	EPSDT	EPSDT2	Units	Date Activated	Expiry Date	ICD-9	ICD-10	Operation
Ins Payer Name : AETNA														
APP	69210	69210	59							5/16/2018				SUBSTITUTE

Create a Remove Rule

1. Click the **Add** button to add a new rule. A new entry line will appear. After the rule has been saved, it will be organized under the appropriate payer heading.
2. Choose an **Insurance Payer** or select **[*]** to apply the rule to all payers.
3. Enter the **Blocked** Code.
4. Enter the **Substituted** Code.
5. Enter **Mods 1-4** if necessary.
6. Enter **EPSDT** and **EPSDT 2** if necessary.
7. Enter **Units** if necessary.
8. Enter **Date Activated**. This is necessary in order for the rule to function.
9. Enter the **Expiry Date**. This is not necessary for new rules.
10. Enter the **ICD-10 Code** that should always be billed for the procedure to this payer.
11. Select **Remove** in the Operation field.
12. Click the **Save** button.

Example:

Your providers often forget that 99000, specimen handling, is not reimbursed by any of your insurance payers. You want to create a rule so that this code is removed from all claim starting with today's claims.



1. Select **[*]** in the Ins Payer field.
2. Enter 99000 in the Block Code field.
3. Enter 99000 in the Substitute Code field.
4. Enter Date Activated, today.
5. Select **Remove** in the Operation field.
6. Save your new rule.

Ins Payer	Block Code	Subst Code	Mod 1	Mod 2	Mod 3	Mod 4	EPSDT	EPSDT2	Units	Date Activated	Expiry Date	ICD-9	ICD-10	Operation
Ins Payer Name : ALL PAYERS (PROXY)														
[*]	99000	99000								5/16/2018				REMOVE

The above examples are for demonstration purposes only It is important to keep in mind that all payers and states maintain different billing and coding guidelines.