

SUBJECT Procedure Codes and Definitions		CHAPTER 03	SECTION 02	SUBJECT 01
CHAPTER Information Management		SECTION Data Management		
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I. APPLICATION:

- PIHP Board
 CMH Providers
 SUD Providers
 PIHP Staff
 CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP to define a standard set of procedure codes to be used throughout the entire region. The codes will be compliant with state and federal regulations.

III. DEFINITIONS:

Current Procedural Terminology (CPT): A list by the American Medical Association of descriptive terms, five-digit numeric identifying codes and two-digit modifiers. These codes may be used to report services performed by health care providers.

Healthcare/Common Procedure Coding System (HCPCS): A list of codes and modifiers to report professional services, procedures and supplies.

IV. STANDARDS:

- A. The Health Insurance Portability and Accountability Act (HIPAA) requires standardized procedure coding.
- B. CPT and HCPCS codes will be utilized for CMH/SUD encounter reporting to the PIHP which requires standardized units of measure.
- C. Definitions of services will be found with the most current version of the Medicaid Provider Manual.
- D. Acceptable codes and relevant specifications will be found on the PIHP Procedure Code List.

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V. PROCEDURES:

PIHP Data Management Staff

1. Reviews communication from MDHHS regarding acceptable codes and utilization.
2. Coordinates information with PIHP Medical Director for inclusion into PIHP Clinical Protocols.
3. Distributes the list of acceptable procedure codes for the CMH and SUD to report encounters to the PIHP. Provides clarification and any additions and/or deletions, as necessary.

CMH Providers/Subcontractors and SUD Providers

1. Documents services accurately and timely using appropriate procedure codes.

CMH/CA Administrative Staff

1. Submits encounter reporting to the PIHP utilizing acceptable procedure codes.

VI. EXHIBITS: N/A