



**REGION 10 PIHP**

<b>SUBJECT</b> Procedure Codes and Definitions		<b>CHAPTER</b> 03	<b>SECTION</b> 02	<b>SUBJECT</b> 01
<b>CHAPTER</b> Information Management		<b>SECTION</b> Data Management		
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**I. APPLICATION:**

- ☐ PIHP Board      ☒ CMHSP Providers      ☒ SUD Providers  
☒ PIHP Staff      ☒ CMHSP Subcontractors

**II. POLICY STATEMENT:**

It shall be the policy of 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 CMHSP/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.

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- D. Acceptable codes and relevant specifications will be found on the MDHHS Behavioral Health Code Charts and Provider Qualifications.

V. **PROCEDURES:**

The PIHP data management staff shall:

- A. Reviews communication from MDHHS regarding acceptable codes and utilization.
- B. Distributes the list of acceptable procedure codes for the CMHSP and SUD to report encounters to the PIHP. Provides clarification and any additions and/or deletions, as necessary.

VI. **EXHIBITS:**

None.

VII. **REFERENCES:**

- A. Medicaid Provider Manual
- B. SFY Behavioral Health Code Charts and Provider Qualifications