



**CPT Coding Requirements for Hospital OP Records
Frequently Asked Questions
2/15/07**

1. Why does WHAIC require hospitals to report a principal/additional procedure(s) on outpatient surgery records when there is no form locator for these data elements on the claim form?

Answer: The WI administrative code (which was written in the 1980s) states that a principal and additional procedure(s) (when appropriate) must be reported on outpatient surgery records submitted from hospitals and free standing ambulatory surgery centers. The administrative code was written at the time when Medicare and other payers required principal and additional procedures to be identified on outpatient surgery records using ICD-9-CM procedure codes. Even though Medicare and other payers no longer allow ICD-9-CM procedure codes, and do not require that a principal and additional procedure be identified on the claim, we are challenged by the state regulations.

For now hospitals and FASCs will need to continue to identify a principal and additional procedure(s) (when appropriate). WHA (not WHAIC) will evaluate the dated nature of the administrative code related to hospital data collection and consider recommending legislation to update the code.

2. There are some codes in the surgical CPT range that do not seem to be appropriate as a principal or additional procedure. Some examples include CPT codes 36000, 36415, and codes for sutures. Are facilities required to report these procedure codes as principal or additional procedures?

Answer: Facilities should use their professional judgment to assign codes as principal or additional procedures. CPT codes 36000, 36415 and simple suture codes are examples of procedures that in most cases are not appropriate to be reported as principal or additional procedures.

3. Typically CPT procedure codes are more specific than ICD-9-CM procedure codes. Exceptions to this are the alcohol and drug rehabilitation and detoxification codes (ICD codes 94.61-94.69). Since the related CPT codes 90899 and 97799 are nonspecific should they be reported if the detox and/or rehab are a significant part of the treatment?

Answer: The range of WHAIC recommended procedural CPT codes is a guide. Facilities should use their judgment to determine which codes to report in the principal and additional procedure fields. With that said, if the alcohol or drug



detoxification/rehabilitation codes reflect a significant part of the treatment then it is reasonable that they would be reported regardless of the vague nature of the CPT codes.

4. When a facility selects the principal and additional CPT/HCPCS codes via the chargemaster how should the codes be sequenced?

Answer: It is preferable that the principal procedure reflects the procedure or treatment that is most related to the principal diagnosis, or that which is most clinically significant. We understand that when the procedures are selected electronically via the chargemaster an alternate method of identifying the principal procedure must be utilized. One acceptable method that many facilities use is to select the procedure with the highest charge as the principal procedure.

One facility stated this might not be an acceptable method because the encoder selects the appropriate CPT code based on CCI edits. Even though three procedures may be performed, the encoder only allows one code to cross over to the claim and to the WHAIC extract; therefore the charge does not accurately reflect the procedures that were performed. Facilities that are soft coding may list all three procedure codes in the example cited above. How will WHAIC handle this inconsistency, especially in view of data that is publicly reported?

5. Has WHA Information Center fully evaluated the impact of transitioning to CPT/HCPCS codes as it relates to the raw data sets, custom reports, annual reports, and PricePoint?

Answer: WHAIC is learning about the impact of this transition. Discussion will take place about involving hospital representatives in a workgroup to better understand the issues related to data input, and to plan for accurate and reliable data output.