



**Data Submitters Users Group Teleconference  
October 7, 2004**

**Present:** Beth Malchetske, Cindy Birkholz, Joyce Stuckman, Ginny VanDyke, Jonelle Villas, LuAnn Matyas, Cathy McGrath, Carla Ambrosius, Angela Lee, Art Chevrier, and Kathy Stenzel

**Staff Present:** Joe Kachelski and Debbie Rickelman

CPT vs. ICD-9-CM Hospital Outpatient Coding

Debbie asked if there are any obstacles for hospitals to report CPT codes in place of ICD-9-CM procedure codes on hospital outpatient records. The participants made the following points:

- Many payers are not yet accepting the HIPAA change, even though Medicare requires reporting of CPT codes on hospital outpatient records as of 10/1/04
- In one facility the medical record department provides some CPT procedure codes, and the billing staff provides other CPT codes (charge master source) on the Medicare claims. If WHA Information Center requires CPT codes only, the medical record department will not be able to validate the codes submitted via the charge master.
- Some facilities would like WHA Information Center to collect both the ICD-9-CM and the CPT version of the same service.
- One facility noted the addition of the revenue record in 2005 will provide a more complete picture of the services provided.
- Debbie clarified the difference in the CPT codes that could be submitted in the primary and procedure records vs. the CPT/HCPCS codes that should be submitted in the revenue record. The principal procedure is captured in the primary record analogous to the existing data reporting requirements. For outpatients, it is the procedure most related to the principal diagnosis and performed during the episode of care. It is derived from field 80 on the UB-92. 'Other procedures' in the procedure record are other procedures that were performed during the episode of care. These procedures are derived from field 81A-E on the UB-92. The CPT/HCPCS codes entered in the revenue record are the codes used with the revenue codes to reflect line item charges. They are derived from field 44 on the UB-92.

Recurring Accounts

A question was raised about how to report services from recurring accounts that cover more than one quarter. Debbie stated the following options are available for reporting this type of information:

- If services are billed monthly, submit the record of these services to WHA Information Center as three separate records. The 'statement through date' must be within the reporting quarter. For example if a patient received physical therapy services from February – April, and the services were billed monthly, submit February and March services on two separate records for the first quarter data submission. April services should be reported as part of the second quarter data submission.
- If services are billed quarterly submit the services that occurred in a specific quarter on one record to WHA Information center. Using the example above, February and March services would be billed on one record in quarter one, and April services would be billed on a separate record in quarter two.
- If services on a bill carry over from one quarter to another, such as ten physical therapy visits that occurred in March and April, the facility may submit all the services in the



second quarter data submission with the 'statement from date' in March and the 'statement through date' in April.

**The two critical factors are that the 'statement through date' is in the quarter of the data submission period and that each date of service is only reported one time.**

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