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Owner:	<i>April Siebert: Director of Quality Improvement</i>
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References:	

## Costing and Reporting Integrity: Procedure Code Work Group (PCWG)

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to ensure consistent and accurate encounter/claims data.

### PURPOSE

- DWIHN strives to ensure the highest corporate compliance, while establishing standards for the proper use of procedure codes (both CPT - Current Procedural Terminology and HCPCS – Healthcare Common Procedure Coding System). In order for DWIHN to fulfill its overall managed care responsibilities, a comprehensive coding and costing program has been established, with the Procedure Code Work Group (PCWG) as a key component. The PCWG will be the single entity responsible for providing oversight, detailed directions and answers to questions regarding the use of procedure codes, modifiers, place of service codes, staff qualifications and other related encounter data elements for both within DWIHN and its network of providers.

### APPLICATION

- This policy applies to DWIHN and all providers under contract.
- Who is required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Network Providers, Credentials Verification Organization (CVO), Access Center
- Who does this policy serve: Adult, Children, I/DD, SMI/SEI, SED, SUD
- What service line does this policy impact: MI Health Link, SUD, Autism, Medicaid, including the Healthy Michigan Plan, and General Fund.

### KEY WORDS

- Procedure Code Work Group (PCWG)
- PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES
- PCWG Bulletins

### STANDARDS

1. The PCWG shall consist of a multidisciplinary team which at a minimum includes a representative from Managed Care Operations, Information Technology, Finance, Quality Management, Utilization Management, Corporate Compliance, Claims Management (Certified Coder) and Clinical Practice Improvement.
2. DWIHN has established an e-mail box for all questions and suggestions about codes or modifiers and for requests for new codes or modifiers: **[procedure.coding@dwihn.org](mailto:procedure.coding@dwihn.org)**. This e-mail box will be managed by the PCWG leadership and responses will be sent within five (5) business days of receipt.
3. Throughout the year, Bulletins will be issued by the PCWG. These documents will clarify the approved use of procedure codes, modifiers, place of service codes, staff qualifications and related encounter data elements for the purpose of submitting or reporting claims and encounters to DWIHN. The intent of these documents is to provide further direction while supporting established rules and guidelines that are published by the State of Michigan and/or national standards, including the Centers for Medicare and Medicaid Services rules and guidelines.
4. Written communications from the PCWG (i.e., Bulletins and e-mail responses from the e-mail box **[procedure.coding@dwihn.org](mailto:procedure.coding@dwihn.org)**) are the only official and approved source of the information described in paragraph 2, above. Other DWIHN staff may communicate such information to Direct Providers in other venues, but this communication must be consistent with the written communications from the PCWG and should refer the providers to the appropriate written communication from the PCWG.
5. Only the PCWG may give directions to modify procedure codes, modifiers, place of service codes, staff qualifications and related encounter data elements in the DWIHN information system.
6. DWIHN staff and staff of providers under contract will abide by the [PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES](#) and Bulletins as the official DWIHN documents which clarify the use of procedure codes, modifiers, place of service codes, staff qualifications and related encounter data elements.
7. The PCWG does not abrogate a provider's responsibility to comply with state and federal coding and reporting requirements. If a provider identifies an apparent discrepancy between documents issued by the PCWG and those issued by state or federal agencies, the provider shall bring those issues to the PCWG for resolution.
8. DWIHN staff and staff of providers under contract will use the PCWG as the forum to define and manage the use of codes, modifiers, place of service codes, staff qualifications and related encounter data elements.
9. Any Claims or Encounters submitted to DWIHN with incorrect or unapproved procedure codes, modifiers or other encounter reporting elements may be denied or rejected by DWIHN.
10. In some instances, the service provider may choose to develop a procedure code crosswalk and/or make modifications to their information system to meet the reporting requirement in paragraph 6, above. If so, the service provider is responsible to ensure that their crosswalk and/or information system has been designed correctly.
11. DWIHN will have the responsibility for disseminating data reporting changes or clarifications to all providers with whom it directly contracts.

## QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of providers directly under contract with DWIHN must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## LEGAL AUTHORITY

1. Michigan Mental Health Code Act 258, PA 258 of 1974, as revised.
2. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
3. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/ CMHSP contracts in effect, and as amended)

## RELATED POLICIES

1. [Claims Verification](#)

## RELATED DEPARTMENTS

1. Claims Management
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Information Technology
6. Integrated Health Care
7. Managed Care Operations
8. Quality Improvement
9. Utilization Management

## CLINICAL POLICY

NO

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments:

