

 HAWAII HEALTH SYSTEMS C O R P O R A T I O N <i>"Touching Lives Everyday"</i> Policies and Procedures	Department: Corporate Finance	Policy No.: FIN 0525
	Issued by: Corporate Compliance Committee	Revision No.: N/A
Subject: <i>Changing ICD-9, CPT-4, and HCPCS Codes</i>	Approved by:	Effective Date: November 15, 2000
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- I. **PURPOSE:** To establish procedural guidelines regarding the changing of ICD-9, CPT-4 and HCPCS codes by the billing department prior to final billing of a claim or upon receipt of a rejection from an insurance company.
- II. **POLICY:** The staff of the billing department shall not change any ICD-9, CPT-4, and HCPCS codes prior to final billing or upon receipt of a rejection from an insurance company. Requests for changes must be referred to the Business Office Manager for approval. Any rejections due to incorrect codes must be referred to either the Health Information Management (HIM) department or the respective clinical or ancillary department for research and assignment.
- III. **PROCEDURE:** The HIM department assigns the ICD-9 diagnosis and procedure codes from the documentation in the patient's medical records. The HIM department also assigns CPT-4/HCPCS codes for outpatient ambulatory surgery and emergency room accounts. The CPT-4/HCPCS codes for diagnostic, therapeutic, pharmacy, supplies/equipment, are assigned via the Charge Description Master (CDM).

Each of these charges is assigned a CPT-4/HCPCS code from the American Medical Association Current Procedural Terminology (CPT) book. The clinical or ancillary department has the knowledge and responsibility to determine the proper code for each procedure in the CDM.

Depending on the situation, the billing department should consult with either HIM or the appropriate clinical or ancillary department, whenever a question arises regarding the accuracy of a code.