Policy

At a minimum, departments shall make the following resources (electronic and/or bound) available to practitioners, providers, and coding staff for their reference prior to coding on behalf of WCM:

1. Current ICD coding book,
2. Current CPT code book, and
3. Current HCPCS Medicare Level

Code books from prior years should be retained for reference purposes.

Purpose

CPT, HCPCS and ICD code updates are issued each year. Additions, deletions, and changes to the code manuals must be reviewed on an annual basis by each department to assess the impact of the updates on the service billing generated by their physicians and other practitioners. Appropriate action must be taken to incorporate the coding changes into each department’s billing processes by the effective date of the change.

Scope

Unless otherwise specified, the scope and applicability of this policy includes all Weill Cornell Medicine (WCM) representatives with professional fee coding and billing responsibilities.

Definitions

**CPT**— Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as health insurance companies and accreditation organizations.

**HCPCS**— Healthcare Common Procedure Coding System (or HCPCS) is a set of health care procedure codes based on CPT. It is used to describe specific items and services that are provided when health care is delivered. Commonly used HCPCS codes include drug and medication codes, and durable medical equipment and supplies.

**ICD**— *International Classification of Disease* provides a method of classifying diseases, injuries, and causes of death. ICD codes are used to support the medical necessity for any services reported.

Procedure

**ICD** code changes are generally released each October. Departments must obtain updated ICD code books, or software to ensure that coding staff and providers have access to the current code sets. Departments are responsible to review annual ICD updates and assess the impact on the code additions, deletions, and...
changes to their departmental billing processes. The impact of code changes may require faculty and staff education, changes to departmental forms, changes to computer system support files, and/or changes to programs that affect hospital to medical college system interfaces.

**CPT and HCPCS** code changes are generally released each January. In addition to purchasing new CPT codebooks, departments are responsible to review annual CPT updates and assess the impact of code additions, deletions, and changes to their departmental billing processes. The impact of the code changes may require faculty and staff education, changes to forms, changes to computer system support files, updates to charge masters, and modifications to programs that affect system interfaces.

The Compliance Office (“CO”) serves as a subject matter resource, with WCM workforce, who engage or support billing activity to ensure accurate billing, correct coding, and documentation of professional services. The CO will support and collaborate with clinical and administrative departments on Compliance education and training. Department billing compliance education and training must be submitted to the CO in advance for review and approval. After providing training, departments must submit billing and coding related education and training information to the CO, at least quarterly, for all Department-based compliance training, including the attendance rosters training related for the annual CPT, HCPCS and ICD Code Updates. This information will be logged into the CO training database.

**Compliance with this Policy**

The Compliance Department will review and update this Policy when necessary in the normal course of its review of the Organization’s Compliance Program.

**Contact Information**

**References**

**Policy Approval**

**Version History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Revisions</th>
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</thead>
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<td>April 1, 2002</td>
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<td>Revision 1:</td>
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