

## The Importance of CPT Codes

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Health care professionals provide varying services to treat the medical conditions of patients. The services rendered are documented in the patient's health care record and are reported for reimbursement via use of Current Procedural Terminology (CPT) codes.

CPT codes are used by all health care professionals, regardless of discipline, to accurately report their services rendered to facilitate proper compensation for those services. The codes are found in annual updates published by the American Medical Association, that instruct providers using CPT to pick the code that most accurately describes the service rendered by selecting the name of the procedure or service that most accurately identifies the treatment performed. The treatment must be supported by adequate documentation in the patient's medical record.

When using CPT codes, all providers report not only the specific service or procedure rendered, but also the amount of work performed, and the amount of medical risks to their patient. Further, with regard to the Physical Medicine section of CPT, these codes are primarily broken down into two types:

- **Provider must supervise:** *Codes that do not require direct one-on-one patient contact by the provider, and are minimal services that may be rendered under the supervision of a provider by ancillary staff.*
- **Provider must provide:** *Codes that require direct one-on-one patient contact by the provider, and represent more skilled service that requires the training, knowledge and experience of a provider to administer.*

It is here, when determining CPT's meaning of "provider", that problems can arise for health care professionals, even those highly sophisticated on coding issues. And, because of this problem and its potential for causing improper use of CPT codes, many health care professionals may find themselves the target of fraud investigations. CPT is clear on its definition of "provider" - Someone licensed to perform the service/procedure!

The AMA's **The CPT Companion: Frequently Asked Questions About CPT Coding** (1998, page 133), states: "The term 'provider' as found in the Physical Medicine section of CPT, is a general term used to define the individual providing the service described in the code. The provider does not have to be a physician but can be, and in most cases is, a physical therapist or occupational therapist. Therefore, when CPT refers to provider, it is referring to the individual, such as a physician, chiropractor, therapist, etc., who will be rendering the service described in the code".

Further, the AMA, in the **CPT Assistant** (Volume 8, Issue 12, page 2, December 1998), reports that no distinction is made concerning the licensure or professional credentials of the "provider", and that those codes containing the term "provider" can be used by anyone qualified to perform the service represented by the specific code. CPT is not a regulatory entity, nor does it become involved in third-party payor issues. As such, appropriate state and institutional entities should be consulted regarding the appropriate requirements of (professional provider) services rendered by health care professionals.

If you use CPT codes to report your services rendered, you must ensure you do so with accuracy! If you deviate from CPT's code descriptions and definitions, including those of provider, you should do so only according to regulatory provisions in administrative law and with the specific approval of the involved third-party payor.

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