DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, AND HCPCS CODE SETS

This publication provides definitions and payment information on the following code sets:

- International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM);
- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM);
- International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS);
- Current Procedural Terminology (CPT); and
- Healthcare Common Procedure Coding System (HCPCS).

DEFINITIONS AND PAYMENT INFORMATION

The chart below provides definitions and payment information for the ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS code sets.

Code Set	Definition	Payment Information
ICD-9-CM	• The code set providers currently use to report medical diagnoses and procedures on claims; • All providers, including physicians, use the code set in United States (U.S.) health care settings; • Providers select codes based on documentation in the patient's medical record; and • The World Health Organization developed ICD-9 and modified it for use in the U.S. The National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), maintains the ICD-9-CM diagnosis code set (Volumes 1 and 2). The Centers for Medicare & Medicaid Services (CMS) maintains the procedure code set (Volume 3).	• When physicians report ICD-9-CM diagnosis codes on claims, in general, the Medicare Administrative Contractor (MAC) uses the codes to determine coverage, not to determine the amount CMS will pay for furnished services; and • When inpatient providers report ICD-9-CM diagnosis and procedure codes on claims, the MAC uses the codes to assign discharges to the appropriate Medicare Severity-Diagnosis Related Group (MS-DRG).
ICD-10-CM (Diagnoses)	• When the code set is implemented, it will replace ICD-9-CM to report medical diagnoses on claims; • When the code set is implemented, all providers, including physicians, will use it in U.S. health care settings; • Providers select codes based on documentation in the patient's medical record; and • CDC developed and maintains the code set.	• When ICD-10 is implemented and physicians report diagnosis codes on claims, in general, the MAC will use the codes to determine coverage, not to determine the amount CMS will pay for furnished services; and • When ICD-10 is implemented, inpatient providers will report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC will use to assign discharges to the appropriate ICD-10 MS-DRG.

Code Set	Definition	Payment Information

ICD-10-PCS (Procedures)	• When the code set is implemented, providers will use it to report procedures performed **only** in U.S. hospital inpatient health care settings on claims;
	• Physicians will not use the code set to report their services, including ambulatory services and inpatient visits;
	• Providers select codes based on documentation in the patient's medical record; and
	• CMS developed and maintains the code set.
		• When ICD-10 is implemented, physicians, suppliers, outpatient facilities, and hospital outpatient departments:
		  • Will continue to report and receive payments for furnished services, including physician visits to inpatients, based on CPT and HCPCS codes; and
		  • Will use **only** ICD-10-CM (diagnosis codes), not ICD-10-PCS (procedure) codes on claims; and
		• When ICD-10 is implemented, inpatient providers will report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC will use to assign discharges to the appropriate ICD-10 MS-DRG.

HCPCS	• Level I codes and modifiers are the CPT codes; and • Level II codes and modifiers primarily identify products, supplies, and services that are not included in the CPT codes (such as ambulance services; drugs; devices; and durable medical equipment, prosthetics, orthotics, and supplies).	• When providers report HCPCS codes on claims, the MAC uses the codes to either determine coverage or the amount CMS will pay for furnished services (less beneficiary coinsurance and copayments).

Level I HCPCS: CPT	• The code set providers use to report medical procedures and professional services furnished in ambulatory/outpatient settings, including physician visits to inpatients; and
	• The American Medical Association (AMA) developed, copyrighted, and maintains the code set.
		• When providers report Level I HCPCS CPT codes on claims, the MAC uses the codes to either determine coverage or the amount CMS will pay for furnished services (less beneficiary coinsurance and copayments); and
		• When ICD-10 is implemented, physicians, suppliers, outpatient facilities, and hospital outpatient departments:
		  • Will continue to report and receive payments for furnished services, including physician visits to inpatients, based on CPT codes; and
		  • Will use **only** ICD-10-CM (diagnosis codes), not ICD-10-PCS (procedure) codes.

Level II HCPCS: Alphanumeric HCPCS	• The code set providers use to report medical items, supplies, procedures, and certain professional services that are not described by any CPT codes; and
	• CMS maintains the code set, with the exception of the code set for dental services (D-codes). The American Dental Association (ADA) developed, copyrighted, and maintains the D-codes.
		• When providers report Level II HCPCS codes on claims, the MAC uses the codes to either determine coverage or payment for furnished items and services (less beneficiary coinsurance and copayments); and
		• When ICD-10 is implemented, physicians, suppliers, outpatient facilities, and hospital outpatient departments:
		  • Will continue to report and receive payments for furnished services, including physician visits to inpatients, based on HCPCS codes; and
		  • Will use **only** ICD-10-CM (diagnosis codes), not ICD-10-PCS (procedure) codes.

RESOURCES

The chart below provides ICD-9-CM, ICD-10-CM/PCS, CPT, and HCPCS code set resource information.

For More Information About...	Resource
ICD-9-CM	http://www.cdc.gov/nchs/icd/icd9cm.htm on the CDC website
ICD-10-CM/PCS	http://www.cms.gov/Medicare/Coding/ICD10/index.html on the CMS website
ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers	http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html on the CMS website
CPT	http://www.ama-assn.org//ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page on the AMA website
HCPCS	http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html on the CMS website
ADA	http://www.ada.org/en on the ADA website
All Available Medicare Learning Network® (MLN) Products	"MLN Catalog" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf on the CMS website or scan the Quick Response (QR) code on the right
Provider-Specific Medicare Information	MLN publication titled "MLN Guided Pathways: Provider Specific Medicare Resources" booklet located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website
Medicare Information for Patients	http://www.medicare.gov on the CMS website

This educational tool was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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