



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



Learn about definitions and payment information on these code sets:

- 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)
- Healthcare Common Procedure Coding System (HCPCS)

## DEFINITIONS AND PAYMENT INFORMATION

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

CODE SET	DEFINITION	PAYMENT INFORMATION
<b>ICD-10-CM (Diagnoses)</b>	<ul style="list-style-type: none"> <li>• All providers, including physicians, use it in U.S. health care settings</li> <li>• Providers select codes based on documentation in the patient’s medical record</li> <li>• Centers for Disease Control and Prevention (CDC) developed and maintains the code set</li> </ul>	<ul style="list-style-type: none"> <li>• When physicians report diagnosis codes on claims, in general, the Medicare Administrative Contractor (MAC) will use the codes to determine coverage, not to determine the amount CMS will pay for furnished services</li> <li>• Inpatient providers report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC will use to assign discharges to the appropriate Medicare Severity-Diagnosis Related Group (MS-DRG)</li> </ul>

CODE SET	DEFINITION	PAYMENT INFORMATION
<p><b>ICD-10-PCS (Procedures)</b></p>	<ul style="list-style-type: none"> <li>• The code set providers use to report procedures performed only in U.S. hospital inpatient health care settings</li> <li>• Physicians do not use the code set to report their services, including ambulatory services and inpatient visits</li> <li>• Providers select codes based on documentation in the patient’s medical record</li> <li>• CMS developed and maintains the code set</li> </ul>	<ul style="list-style-type: none"> <li>• Physicians, suppliers, outpatient facilities, and hospital outpatient departments:                             <ul style="list-style-type: none"> <li>• Report and receive payments for furnished services, including physician visits to inpatients, based on CPT and HCPCS codes</li> <li>• Use only ICD-10-CM (diagnosis) codes, not ICD-10-PCS (procedure) codes, on claims</li> </ul> </li> <li>• Inpatient providers report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC will use to assign discharges to the appropriate MS-DRG</li> </ul>
<p><b>HCPCS</b></p>	<ul style="list-style-type: none"> <li>• Level I codes and modifiers are the CPT codes</li> <li>• Level II codes and modifiers primarily identify products, supplies, and services not included in the CPT codes (such as ambulance services; drugs; devices; and durable medical equipment, prosthetics, orthotics, and supplies)</li> </ul>	<ul style="list-style-type: none"> <li>• 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)</li> </ul>

CODE SET	DEFINITION	PAYMENT INFORMATION
<p><b>Level I HCPCS: CPT</b></p>	<ul style="list-style-type: none"> <li>• The code set providers use to report medical procedures and professional services furnished in ambulatory/outpatient settings, including physician visits to inpatients</li> <li>• The American Medical Association (AMA) developed, copyrighted, and maintains the code set</li> </ul>	<ul style="list-style-type: none"> <li>• When providers report Level I HCPCS CPT codes on claims, the MAC uses the codes to determine the service performed. Claims are paid when the decision is made that Medicare can reimburse for the services (less beneficiary coinsurance and copayments).</li> <li>• Physicians, suppliers, outpatient facilities, and hospital outpatient departments:                         <ul style="list-style-type: none"> <li>• Report and receive payments for furnished services, including physician visits to inpatients, based on CPT codes.</li> <li>• Use only ICD-10-CM (diagnosis) codes, not ICD-10-PCS (procedure) codes, on claims.</li> <li>• Follow CMS guidance when reporting CPT codes, including CPT modifiers for laterality.</li> </ul> </li> </ul>

CODE SET	DEFINITION	PAYMENT INFORMATION
<p><b>Level II HCPCS: Alphanumeric HCPCS</b></p>	<ul style="list-style-type: none"> <li>The code set providers use to report medical items, supplies, procedures, and certain professional services not described by any CPT codes.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> <li>Physicians, suppliers, outpatient facilities, and hospital outpatient departments:                         <ul style="list-style-type: none"> <li>Report and receive payments for furnished services, including physician visits to inpatients, based on HCPCS codes</li> <li>Use only ICD-10-CM (diagnosis) codes, not ICD-10-PCS (procedure) codes, on claims</li> <li>Follow CMS guidance when reporting HCPCS codes, including HCPCS modifiers for laterality</li> </ul> </li> </ul>

## RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
ICD-10-CM/PCS	<a href="https://www.cms.gov/Medicare/Coding/ICD10/">https://www.cms.gov/Medicare/Coding/ICD10/</a>
2018 ICD-10-CM and General Equivalence Mappings (GEMs) Updates	<a href="https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html">https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html</a>
2018 ICD-10-PCS and GEMs Updates	<a href="https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html">https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html</a>
ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers	<a href="https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html">https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html</a>
ICD-10-CM/PCS Provider Resources	<a href="https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html">https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html</a>
ICD-10-CM/PCS Statute and Regulations	<a href="https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html">https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html</a>
All Available Medicare Learning Network® (MLN) Products	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf</a>
Medicare Information for Patients	<a href="https://www.medicare.gov/">https://www.medicare.gov/</a>

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