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FACT SHEET
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ICD-10-CM, ICD-10-PCS, CPT, AND HCPCS CODE SETS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

This educational tool gives health care providers, suppliers, medical coders, billing and claims staff an easy reference to information on the code sets used to bill Medicare claims. Use this tool when submitting inpatient and outpatient diagnoses, procedures, and supplies on Medicare claims. Find 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 gives definitions and payment information for the ICD-10-CM, ICD-10-PCS, CPT, and HCPCS code sets.
Note: The term patient means Medicare beneficiary.

CODE SET	DEFINITION	PAYMENT INFORMATION
ICD-10-CM (Diagnoses)	• All providers, including physicians, use the code set in U.S. health care settings • Providers select codes based on documentation in the patient's medical record • Centers for Disease Control and Prevention (CDC) developed and maintains the code set	• When physicians report diagnosis codes on claims, in general, the MAC uses the codes to determine coverage, not to determine the amount CMS pays for services delivered • Inpatient acute care providers report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC uses to assign discharges to the appropriate Medicare Severity-Diagnosis Related Group (MS-DRG)

CODE SET	DEFINITION	PAYMENT INFORMATION
ICD-10-PCS (Procedures)	• The code set providers use to report procedures performed only in U.S. hospital inpatient health care settings • Physicians don't 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 • CMS developed and maintains the code set	• Inpatient acute care providers report ICD-10-CM diagnosis and ICD-10-PCS procedure codes on claims, which the MAC uses to assign discharges to the appropriate MS-DRG
HCPCS	• Level I codes and modifiers, American Medical Association (AMA) CPT copyrighted codes • Level II codes and modifiers CMS developed, primarily identifying products, supplies, and services not included in the Level 1 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 pays for services delivered (less beneficiary coinsurance and copayments)

CODE SET	DEFINITION	PAYMENT INFORMATION

Level I HCPCS: CPT	• The code set providers use to report medical procedures and professional services delivered in ambulatory/ outpatient settings, including physician visits to inpatients
	• The AMA developed, copyrighted, and maintains the code set
		• When providers report Level I HCPCS CPT codes on claims, the MAC uses the codes to determine the service. The MAC makes the decision that Medicare can reimburse for the services (less patient coinsurance and copayments) and pays the claim
		• Outpatient providers (for example: physicians, hospital outpatient departments, and ambulatory surgical centers) and suppliers:
		  ◦ Report and get payments for services delivered, including physician visits to inpatients, based on CPT codes
		  ◦ Use only ICD-10-CM (diagnosis) codes, not ICD-10-PCS (procedure) codes, on claims
		  ◦ Follow CMS guidance when reporting CPT codes, including CPT modifiers for laterality

Level II HCPCS: Alphanumeric HCPCS	• The codes and modifiers CMS developed for providers to use to report medical items, supplies, procedures, and certain professional services not described by any Level 1 CPT codes (such as ambulance services; drugs; devices; and durable medical equipment, prosthetics, orthotics, and supplies)
	• CMS maintains the code set, except for 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 delivered items and services (less beneficiary coinsurance and copayments)
		• Physicians, suppliers, outpatient facilities, and hospital outpatient departments:
		  ◦ Report and get payments for services delivered, including physician visits to inpatients, based on HCPCS codes
		  ◦ Use only ICD-10-CM (diagnosis) codes, not ICD-10-PCS (procedure) codes, on claims
		  ◦ Follow CMS guidance when reporting HCPCS codes, including HCPCS modifiers for laterality

Table 1. Definitions and payment information about ICD-10-CM, ICD-10-PCS, HCPCS and CPT code sets

RESOURCES

Resource	Website
ICD-10	https://www.cms.gov/Medicare/Coding/ICD10
2020 ICD-10-CM Code Updates	https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM
2021 ICD-10-CM Code Updates	https://www.cms.gov/medicare/icd-10/2021-icd-10-cm
2020 ICD-10-PCS Code Updates	https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS
2021 ICD-10-PCS Code Updates	https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs
ICD-10-CM/PCS Medicare Fee-For-Service Provider Resources	https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources
ICD-10-CM/PCS Provider Resources	https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources
ICD-10-CM/PCS Statute and Regulations	https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations
Level II HCPCS: Alphanumeric HCPCS Annual Updates (excluding D-codes)	https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS
Level II HCPCS: Alphanumeric HCPCS Quarterly Updates (excluding D-codes)	https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update
All Medicare Learning Network® (MLN) Products	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo
Medicare Patient Information	https://www.medicare.gov

Table 2. Resources table with name of resource and URL

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