Achievable

CCMA DUMP SHEET

Coding and the CMS-1500

ICD-10-CM and CPT

- **ICD-10-CM:** 3 to 7 characters. **First character is always a letter**, second always numeric, rest alphanumeric; decimal after the third character. All letters used **except U**. Updated annually, effective **October 1**
- **Start in the Alphabetic Index, confirm in the Tabular List;** never code from the Index alone
- **NEC** ("not elsewhere classified"): the last character is always **8**. **NOS** ("not otherwise specified"): always **9**
- **Nonessential modifiers** sit in parentheses and are optional; **essential modifiers** are indented and required
- **Excludes1** = "not coded here": never reported together. **Excludes2** = "not included here": the patient may have both, so both may be coded
- **7th character** (injuries, poisonings): **A** initial encounter, **D** subsequent, **S** sequela. **Placeholder X** fills an empty position so the 7th lands seventh: T36.0X1A

CPT category	What it is	Format
I	The everyday codes, required for claims	5 digits
II	Performance tracking, optional, never billed	5th character **F**
III	Emerging technology, temporary	5th character **T**

CPT section	Range
Evaluation and Management	99202—99499
Anesthesia	00100—01999
Surgery	10004—69990
Radiology	70010—79999
Pathology and Laboratory	80047—89398
Medicine	90281—99199

- CPT is maintained by the **AMA**, released October 1 and **effective January 1**
- **Modifiers:** two digits for Category I. -50 bilateral, -80 assistant surgeon, -RT right side. The full list is Appendix A
- **HCPCS:** Level I is CPT. **Level II** is one letter plus four numbers, updated annually by CMS: A0021—A0999 ambulance, A4000—A6513 supplies, E0100—E1841 durable medical equipment
- **Upcoding** (billing higher than documented) is fraud; **downcoding** loses revenue
- **New patient:** no professional service from the same provider or specialty group in **3 years**
- **E/M key components:** history, examination, medical decision making

The CMS-1500

Block	Contents
12 / 13	Patient signature (release of information) / insured signature (payment to the provider)
17b	Referring provider **NPI**
21	Diagnosis: up to **12** ICD-10-CM codes, **no decimal points**, primary first, lettered A—L
22	Resubmission: **7** replaces a prior claim, **8** voids one
24B / 24D / 24E	Place of service / CPT-HCPCS plus up to **4** modifiers / **diagnosis pointer letter**, not the code
27	Accept assignment: YES means PAR
28	Total charge

POS	Place of service
11	Office
12	Home
21	Inpatient hospital
22	Outpatient hospital
23	Emergency department
24	Ambulatory surgical center
81	Independent laboratory