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Basic Cpt/Hcpcs Coding - Free download as PDF File (.pdf), Text File (.txt) or read online for free. Several medical terminologies and classification systems are used to document and report information related to healthcare services in the United States. The International Classification of Diseases, Clinical Modification, currently in its ninth revision (ICD-9-CM), is used to describe and report the illnesses, conditions, and injuries of patients who require medical services. ICD-9-CM is made up of a series of numerical and alphanumerical codes and code descriptions that represent very specific illnesses and injuries. Similarly, the services provided by physicians and other healthcare professionals. The Current Procedural Terminology (CPT) code set is a medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.

HCPCS Coding Questions. Do You Have A Coding Question? The Healthcare Common procedure Coding System (HCPCS) is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Questions on the Use of Level I HCPCS. Level I of the HCPCS is comprised of Current Procedural Terminology (CPT-4), a numeric coding system maintained by the American Medical Association (AMA). The CPT-4 is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care Current Procedural Terminology (CPT) was first developed and published by the American Medical Association (AMA) in 1966. The CPT system is governed by the CPT editorial panel, a group of individuals (made up mostly of physicians representing various specialties of medicine) who have the authority to make final decisions regarding changes and updates with regard to the content of CPT. HCFA Common Procedure Coding System (HCPCS) codes are descriptive terms with letters or numbers or both used to report medical services and procedures for reimbursement. As discussed earlier, the codes provide a uniform language to describe medical, surgical, and diagnostic services.