Coding Practice

Instructions for using this document.

1. Download the document to your desktop.
2. Open document from your desktop.
3. Complete exercise by filling in your responses.
4. Save all changes as you use the document. Please note there are multiple assignments in the document.
5. Follow your facilitators instructions to submit the assignment.

ICD-10-CM CODING: CHOOSING THE MAIN TERM

Code assignment begins by choosing a key or main term from the diagnostic statement. For each statement below, choose which term is the main term to look up in the alphabetic index of the ICD-10-CM coding manual or coding application search feature.

1. Attention-deficit/hyperactivity disorder (ADHD)		2. Chronic obstructive pulmonary disease (COPD)	
MAIN TERM		MAIN TERM	
3. Heart disease		4. Acute bronchitis	
MAIN TERM		MAIN TERM	
5. Sports physical		6. Otitis externa	
MAIN TERM		MAIN TERM	
7. Chronic coughing		8. Abdominal hernia	
MAIN TERM		MAIN TERM	

Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association.
CPT copyright 2020 American Medical Association. All rights reserved.

ICD-10-CM CODING: ASSIGN THE CORRECT CODES

Use a current ICD-10-CM manual to assign the correct code for each of the following diagnostic statements. Document the journey of key and sub terms used to locate the code. Remember to verify the code in the tabular portion for completeness and accuracy.

1. Urticaria		2. Seasonal allergies	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
3. Screening for iron deficiency anemia		**4. Dietary counseling and surveillance**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
5. Mild persistent asthma		**6. Acne vulgaris**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
7. Atrial fibrillation		**8. Pneumonia of the left lung**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
9. Dysmenorrhea		**10. Fatigue**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	

11. Dysuria		12. Irregular menstrual periods	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
13. Speech delay		**14. Bell's palsy**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
15. Acute atopic conjunctivitis, bilateral		**16. Dysfunctional uterine bleeding**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
17. Fever of unknown origin		**18. Encounter for travel advice**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
19. Sickle-cell trait		**20. Anemia complicating pregnancy, second trimester**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
21. Human papillomavirus infection (HPV) in female patient		**22. Cardiac murmur**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	

23. Pre-operative clearance		24. Morbid obesity	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
25. Borderline diabetes		**26. Benign neoplasm of the pituitary gland**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
27. Family planning for contraceptives		**28. IUD checkup**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
29. Routine gynecological examination		**30. Acute vaginitis**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
31. Smoker		**32. Systemic hypertension**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
33. Mixed hyperlipidemia		**34. Senile cataracts, bilateral**	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	

35. Adjustment disorder with anxiety

ICD-10-CM CODE

JOURNEY

36. Genital herpes

ICD-10-CM CODE

JOURNEY

37. Flexural eczema

ICD-10-CM CODE

JOURNEY

38. Chlamydia

ICD-10-CM CODE

JOURNEY

39. Colic

ICD-10-CM CODE

JOURNEY

40. Seizures

ICD-10-CM CODE

JOURNEY

41. Peanut allergy

ICD-10-CM CODE

JOURNEY

42. Acute prostatitis

ICD-10-CM CODE

JOURNEY

43. Gastroenteritis

ICD-10-CM CODE

JOURNEY

44. Anxiety

ICD-10-CM CODE

JOURNEY

45. Sore throat

ICD-10-CM CODE

JOURNEY

46. Chiari malformation, type I

ICD-10-CM CODE

JOURNEY

47. Right ovarian cyst		48. Pregnancy test, negative	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
49. Obesity complicating pregnancy, third trimester		50. Diabetes mellitus type II with hyperglycemia	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
51. Cardiac arrhythmia		52. Latent syphilis	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	
53. Coronary artery disease (CAD)		54. Total hysterectomy status	
ICD-10-CM CODE		ICD-10-CM CODE	
JOURNEY		JOURNEY	

CPT CODING: ASSIGN THE CORRECT CODE

Use a current CPT® coding manual to assign the correct code to the following services/encounters. Document the journey of key and sub terms used to locate the code. Remember to verify the code in the tabular portion for completeness and accuracy.

1. Hemoglobin cell count		2. Performance measure; BMI documented	
CPT CODE		CPT CODE	
JOURNEY		JOURNEY	
3. Performance measure; Depression screening performed		4. Urinalysis, dipstick	
CPT CODE		CPT CODE	
JOURNEY		JOURNEY	
5. Pregnancy test		6. Telephone E/M encounter lasting 12 minutes	
CPT CODE		CPT CODE	
JOURNEY		JOURNEY	
7. Individual psychotherapy, 30 minute session		8. Intensive smoking cessation counseling	
CPT CODE		CPT CODE	
JOURNEY		JOURNEY	
9. Chronic care management services, total monthly time of 15 minutes		10. Tendon injection (single) of plantar fascia	
CPT CODE		CPT CODE	
JOURNEY		JOURNEY	

11. Spirometry, total capacity with expiratory flow rate measurement	
CPT CODE	
JOURNEY	

12. Office encounter, established patient with low medical decision-making	
CPT CODE	
JOURNEY	

13. Office encounter, new patient, 45 minutes documented	
CPT CODE	
JOURNEY	

CPT AND ICD-10-CM CODING SCENARIOS: ASSIGN THE CORRECT CODE

Use current ICD-10-CM, CPT, and HCPCS coding manuals to assign the correct diagnosis and service/encounter code to the following patient scenarios. Document the journey of key and sub terms used to locate the code. Remember to verify the code in the tabular portion for completeness and accuracy.

Scenario 1 A 2-year-old child presented for a well child encounter. Patient also received hepatitis A, Prevnar 13, and Hib vaccines, including counseling for each vaccine administered. What ICD-10-CM and CPT code should be reported for this service?	
CPT CODES	
ICD-10-CM CODES	
JOURNEY	

Scenario 2 Encounter is for a preventive exam of an established 31-year-old patient with abnormal ECG. What ICD-10-CM and CPT codes should be reported for this service?	
CPT CODES	
ICD-10-CM CODES	
JOURNEY	

Scenario 3 Established PPO patient Deyal Patel was seen today for recurring low-back pain. During the visit, the provider ordered and obtained a two-view X-ray of the lumbosacral spine. Ms. Patel also reported three skin tags on her neck, and the provider removed the skin tags during the visit. At the end of the visit, the provider ordered and provided a custom-fit back brace for support of Ms. Patel's low-back pain. The visit lasted 25 minutes. What ICD-10-CM, CPT, and HCPCS codes should be reported for these services?	
CPT CODES	
ICD-10-CM CODES	
HCPCS CODES	
JOURNEY	
Scenario 4 Established Medicare patient Jesus Robles has requested his primary care provider to authorize home health services upon release from the hospital for right-knee replacement surgery. The provider authorizes home health services for 30 days. What ICD-10-CM and HCPCS codes should be reported for this service?	
ICD-10-CM CODES	
HCPCS CODES	
JOURNEY	
Scenario 5 A 39-year-old female patient presents to her primary care provider with absence of menses. A urine pregnancy test is performed by the office staff using the Hybritech ICON (qualitative visual color comparison test). What CPT codes should be reported for the urinalysis?	
CPT CODES	
JOURNEY	

BILLING PRACTICE 1

Referring to Scenario 3 above and the Patient Demographics form, complete the fillable CMS-1500 form..

Visit Scenario

Established PPO patient Deyal Patel (account ID: 42539528) was seen today for recurring low-back pain. During the visit, the provider ordered an X-ray. Ms. Patel also reported three skin tags on her neck, and the provider removed the skin tags during the visit. At the end of the visit, the provider ordered and provided a custom-fit back brace for support of Ms. Patel's low-back pain. The visit lasted 25 minutes.

Patient Information

- DOB: 01/07/1979
- Sex: Female
- Address: 913 Blossom Drive, Yourtown, KS, 66212
- Telephone: (913) 555-9481
- Insurance: Group Health Plan: NHA FlexiPlan PPO

Treatment Costs

- Established patient/office visit – 25 minutes; fee $125.00
- Spine Lumbosacral 2/3 views; fee $ 35.00
- Removal of three skin tags; fee $ 95.00
- Back brace; fee/cost $350.00

Clinic and Provider Information

- Clinic: ABC Clinic, 101 Anystreet, Mytown, KS 66211, phone # 913-555-0000; NPI 9876543210
- PCP: Gabriella Torres, NPI 0123456789

BILLING PRACTICE 2

Using CMS-1500 form 2, complete the form using any of the above scenarios or create your own scenario(s) for additional practice.

CMS-1500 FORM 1

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | PICA

CARRIER

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* APPROVED OMB-0938-1197 FORM 1500 (02-12)

CMS-1500 FORM 2

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA — PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO ***If yes***, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED ____ DATE ____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED ____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org ***PLEASE PRINT OR TYPE*** APPROVED OMB-0938-1197 FORM 1500 (02-12)