

# Coding Practice Key

## 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 Disorder	MAIN TERM Disease
3. Heart disease	4. Acute bronchitis
MAIN TERM Disease	MAIN TERM Bronchitis
5. Sports physical	6. Otitis externa
MAIN TERM Examination	MAIN TERM Otitis
7. Chronic coughing	8. Abdominal hernia
MAIN TERM Cough	MAIN TERM Hernia

## ICD-10-CM CODING: ASSIGN THE CORRECT CODE

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 L50.9	ICD-10-CM CODE J30.2
JOURNEY Urticaria	JOURNEY Allergy, seasonal NEC
3. Screening for iron deficiency anemia	4. Dietary counseling and surveillance
ICD-10-CM CODE Z13.0	ICD-10-CM CODE Z71.3
JOURNEY Screening, anemia	JOURNEY Counseling, dietary
5. Mild persistent asthma	6. Acne vulgaris
ICD-10-CM CODE J45.30	ICD-10-CM CODE L70.0
JOURNEY Asthma, mild persistent	JOURNEY Acne, vulgaris
7. Atrial fibrillation	8. Pneumonia of the left lung
ICD-10-CM CODE I48.91	ICD-10-CM CODE J18.9
JOURNEY Fibrillation, atrial	JOURNEY Pneumonia

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

<b>9. Dysmenorrhea</b>		<b>10. Fatigue</b>	
ICD-10-CM CODE	N94.6	ICD-10-CM CODE	R53.83
JOURNEY	Dysmenorrhea	JOURNEY	Fatigue
<b>11. Dysuria</b>		<b>12. Irregular menstrual periods</b>	
ICD-10-CM CODE	R30.0	ICD-10-CM CODE	N92.6
JOURNEY	Dysuria	JOURNEY	Irregular, menstruation
<b>13. Speech delay</b>		<b>14. Bell's palsy</b>	
ICD-10-CM CODE	F80.9	ICD-10-CM CODE	G51.0
JOURNEY	Delay, development, speech	JOURNEY	Bell's, palsy or Palsy, Bell's
<b>15. Acute atopic conjunctivitis, bilateral</b>		<b>16. Dysfunctional uterine bleeding</b>	
ICD-10-CM CODE	H10.13	ICD-10-CM CODE	N93.8
JOURNEY	Conjunctivitis, acute, atopic	JOURNEY	Bleeding, uterus, dysfunctional
<b>17. Fever of unknown origin</b>		<b>18. Encounter for travel advice</b>	
ICD-10-CM CODE	R50.9	ICD-10-CM CODE	Z71.84
JOURNEY	Fever	JOURNEY	Counseling, health, risk for travel
<b>19. Sickle-cell trait</b>		<b>20. Anemia complicating pregnancy, second trimester</b>	
ICD-10-CM CODE	D57.3	ICD-10-CM CODE	O99.012
JOURNEY	Trait, sickle-cell	JOURNEY	Pregnancy, complicated by, anemia
<b>21. Human papillomavirus infection (HPV) in female patient</b>		<b>22. Cardiac murmur</b>	
ICD-10-CM CODE	B97.7	ICD-10-CM CODE	R01.1
JOURNEY	Human, papillomavirus	JOURNEY	Murmur
<b>23. Pre-operative clearance</b>		<b>24. Morbid obesity</b>	
ICD-10-CM CODE	Z01.818	ICD-10-CM CODE	E66.01
JOURNEY	Examination, pre-procedural, specified NEC	JOURNEY	Obesity, morbid
<b>25. Borderline diabetes</b>		<b>26. Benign neoplasm of the pituitary gland</b>	
ICD-10-CM CODE	R73.03	ICD-10-CM CODE	D35.2
JOURNEY	Borderline, diabetes mellitus or Pre-diabetes	JOURNEY	Neoplasm Table – Pituitary, benign
<b>27. Family planning for contraceptives</b>		<b>28. IUD checkup</b>	
ICD-10-CM CODE	Z30.09	ICD-10-CM CODE	Z30.431
JOURNEY	Planning, family, contraception or Counseling, contraceptive	JOURNEY	Intrauterine contraceptive device, checking

<b>29. Routine gynecological examination</b>		<b>30. Acute vaginitis</b>	
ICD-10-CM CODE	Z01.419	ICD-10-CM CODE	N76.0
JOURNEY	Examination, gynecological	JOURNEY	Vaginitis
<b>31. Smoker</b>		<b>32. Systemic hypertension</b>	
ICD-10-CM CODE	F17.200	ICD-10-CM CODE	I10
JOURNEY	Smoker – see, Dependence, drug, nicotine	JOURNEY	Hypertension
<b>33. Mixed hyperlipidemia</b>		<b>34. Senile cataracts, bilateral</b>	
ICD-10-CM CODE	E78.2	ICD-10-CM CODE	H25.813
JOURNEY	Hyperlipidemia, mixed	JOURNEY	Cataracts, senile
<b>35. Adjustment disorder with anxiety</b>		<b>36. Genital herpes</b>	
ICD-10-CM CODE	F43.22	ICD-10-CM CODE	A60.00
JOURNEY	Disorder, adjustment, with anxiety	JOURNEY	Herpes. genital
<b>37. Flexural eczema</b>		<b>38. Chlamydia</b>	
ICD-10-CM CODE	L20.82	ICD-10-CM CODE	A74.9
JOURNEY	Eczema, flexural	JOURNEY	Chlamydia
<b>39. Colic</b>		<b>40. Seizures</b>	
ICD-10-CM CODE	R10.83	ICD-10-CM CODE	R56.9
JOURNEY	Colic	JOURNEY	Seizure(s)
<b>41. Peanut allergy</b>		<b>42. Acute prostatitis</b>	
ICD-10-CM CODE	Z91.010	ICD-10-CM CODE	N41.0
JOURNEY	Allergy, food, status, peanuts	JOURNEY	Prostatitis, acute
<b>43. Gastroenteritis</b>		<b>44. Anxiety</b>	
ICD-10-CM CODE	K52.9	ICD-10-CM CODE	F41.9
JOURNEY	Gastroenteritis	JOURNEY	Anxiety
<b>45. Sore throat</b>		<b>46. Chiari malformation, type I</b>	
ICD-10-CM CODE	J02.9	ICD-10-CM CODE	G93.5
JOURNEY	Pharyngitis	JOURNEY	Malformation, Chiari, type 1
<b>47. Right ovarian cyst</b>		<b>48. Pregnancy test, negative</b>	
ICD-10-CM CODE	N83.201	ICD-10-CM CODE	Z32.02
JOURNEY	Cyst, ovary	JOURNEY	Encounter, pregnancy, result negative

<b>49. Obesity complicating pregnancy, third trimester</b>		<b>50. Diabetes mellitus t type II with hyperglycemia</b>	
ICD-10-CM CODE	O99.213	ICD-10-CM CODE	E11.65
JOURNEY	Pregnancy, complicated by, obesity	JOURNEY	Diabetes, Type 2, hyperglycemia
<b>51. Cardiac arrhythmia</b>		<b>52. Latent syphilis</b>	
ICD-10-CM CODE	I49.9	ICD-10-CM CODE	A53.0
JOURNEY	Arrhythmia	JOURNEY	Syphilis, latent
<b>53. Coronary artery disease (CAD)</b>		<b>54. Total hysterectomy status</b>	
ICD-10-CM CODE	I25.10	ICD-10-CM CODE	Z90.710
JOURNEY	Disease, coronary (artery) – see Disease, heart, ischemic, atherosclerotic	JOURNEY	Status, hysterectomy

### 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.

<b>1. Hemoglobin cell count</b>		<b>2. Performance measure; BMI documented</b>	
CPT CODE	85018	CPT CODE	3008F
JOURNEY	blood cell count, hemoglobin	JOURNEY	Performance measures, preventive care and screening, diagnostic/screening processes or results, body mass index (BMI) documented
<b>3. Performance measure Depression screening performed</b>		<b>4. Urinalysis, dipstick</b>	
CPT CODE	3725F	CPT CODE	81002
JOURNEY	Performance measures, dementia, diagnostic/screening processes or results, depression screening	JOURNEY	urinalysis, without microscopy
<b>5. Pregnancy test</b>		<b>6. Telephone E/M encounter lasting 12 minutes</b>	
CPT CODE	81025	CPT CODE	99442
JOURNEY	Pregnancy test, urinalysis or Urinalysis, pregnancy test	JOURNEY	Telephone, Evaluation and Management, physician or Evaluation and Management, telephone services
<b>7. Individual psychotherapy, 30 minute session</b>		<b>8. Intensive smoking cessation counseling</b>	
CPT CODE	90832	CPT CODE	99407
JOURNEY	Psychotherapy, individual patient	JOURNEY	Smoking and Tobacco Use Cessation, counseling

<b>9. Chronic care management services, total monthly time of 15 minutes</b>		<b>10. Tendon injection (single) of plantar fascia</b>	
CPT CODE	99490	CPT CODE	20550
JOURNEY	Evaluation and Management, chronic care	JOURNEY	Injection, tendon sheath
<b>11. Spirometry, total capacity with expiratory flow rate measurement</b>		<b>12. Office encounter, established patient with low medical decision-making</b>	
CPT CODE	94010	CPT CODE	99213
JOURNEY	Spirometry	JOURNEY	Evaluation and Management, office and other outpatient visit, established patient
<b>13. Office encounter, new patient, 45 minutes documented</b>			
CPT CODE	99204		
JOURNEY	Evaluation and Management, office and other outpatient visit, new patient		

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

Use current ICD-10-CM, CPT, and HCPCS coding manuals to assign the correct diagnosis and service/encounter codes to the following patient scenarios..

**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 codes should be reported for this service?

CPT CODES	99392; 90460x3; 90633 Hep A; 90670 Prevnar 13; 90647 Hib
ICD-10-CM CODES	Z00.129; Z23
JOURNEY	99392: Evaluation and Management, preventive services, 90460: Administration, immunization, one vaccine/toxoid, with counseling 90633: Vaccines and toxoids, hepatitis A 90670: Vaccines and toxoids, pneumococcal, 13-valent (PCV13) 90647: Vaccines and toxoids, haemophilus influenza B Z00.129: Examination, annual, child (over 28 days old) Z23: Immunizations, encounter for

**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	99395 annual exam;93000 EKG
ICD-10-CM CODES	Z00.01; R94.31
	99395: Evaluation and Management, preventive services Z00.01: Examination, annual, with abnormal findings 93000: Electrocardiography, evaluation
JOURNEY	R94.31: Abnormal, echocardiogram

**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	99213-25; 72100; 11200
ICD-10-CM CODES	M54.5; L91.8
HCPCS CODES	L0627
	M54.5: Pain, low back L91.8: Tag, skin 99213: Evaluation and Management, office and other outpatient visit, established patient 72100: Radiology, diagnostic imaging, spine and pelvis 11200: Skin, removal, skin tags
JOURNEY	L0627: Orthotic devices, lumbar

**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	Z96.651; Z98.890; Z74.09; Z74.1
HCPCS CODES	G0180
	Z96.651: Presence, knee joint implant Z98.890: Postoperative, state NEC Z74.09: Reduced, mobility Z74.1: Dependence, on, care provider, need for, assistance with personal care
JOURNEY	G0180: Home, certification, home health

**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 code should be reported for the urinalysis?

CPT CODES	81025
JOURNEY	Pregnancy test, urinalysis

## BILLING PRACTICE: COMPLETE THE CMS-1500 FORM

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 <span style="float: right;">PICA</span>														
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)</small>					1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>42539528</b>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Patel, Deyal S</b>					3. PATIENT'S BIRTH DATE MM DD YY SEX <b>01 07 1979 M F <input checked="" type="checkbox"/></b>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Patel, Deyal S</b>							
5. PATIENT'S ADDRESS (No., Street) <b>913 Blossom Drive</b>					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) <b>913 Blossom Drive</b>				
CITY <b>Yourtown</b>			STATE <b>KS</b>		8. RESERVED FOR NUCC USE					CITY <b>Yourtown</b>			STATE <b>KS</b>	
ZIP CODE <b>66212</b>			TELEPHONE (Include Area Code) <b>( 913 ) 555-8481</b>		ZIP CODE <b>66212</b>			TELEPHONE (Include Area Code) <b>( 913 ) 555-8481</b>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					11. INSURED'S POLICY GROUP OR FECA NUMBER <b>NFP02478</b>				
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY SEX <b>01 07 1979 M F <input checked="" type="checkbox"/></b>				
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					b. OTHER CLAIM ID (Designated by NUCC)				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					c. INSURANCE PLAN NAME OR PROGRAM NAME <b>NHA FlexiPlan PPO</b>				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>				
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 <b>Signature on file</b> DATE <b>12/01/20xx</b>										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 <b>Signature on file</b>				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE MM DD YY QUAL					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.					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
17b. NPI					19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE ORIGINAL REF. NO.				
A. <b>M54.5</b> B. <b>L91.8</b> C. D. E. F. G. H. I. J. K. L.										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. JUAL. J. RENDERING PROVIDER ID. #														
1 12 01 xx 12 01 xx 11 99213 25 AB 125.00 1 NPI 9876543210														
2 12 01 xx 12 01 xx 11 72100 A 35.00 1 NPI 9876543210														
3 12 01 xx 12 01 xx 11 11200 B 95.00 1 NPI 9876543210														
4 12 01 xx 12 01 xx 11 L0627 A 350.00 1 NPI 9876543210														
5 NPI														
6 NPI														
25. FEDERAL TAX I.D. NUMBER SSN EIN <b>92-0000000 <input type="checkbox"/> <input checked="" type="checkbox"/></b>					26. PATIENT'S ACCOUNT NO. <b>42539528</b>		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ <b>605 00</b>		29. AMOUNT PAID \$ <b>0 00</b>		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.) <b>Gabriella Torres</b> 12/01/xx SIGNED DATE					32. SERVICE FACILITY LOCATION INFORMATION ABC Clinic 101 Anystreet Mytown, KS 66211 a. <b>0123456789</b> b.					33. BILLING PROVIDER INFO & PH # <b>( 913 ) 555-0000</b> Gabriella Torres ABC Clinic 101 Anystreet Mytown, KS 66211 a. <b>0123456789</b> b.				

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION