

The Role of Coding. ICD9-CM and CPT

The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records

The Current Procedural Terminology (CPT) code set is maintained by the American Medical Association through the CPT Editorial Panel[1]. The CPT code set accurately 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. The current version is the CPT 2010. CPT coding is similar to ICD-9 and ICD-10 coding, except that it identifies the services rendered rather than the diagnosis on the claim.

There are three types of CPT codes:

Category I CPT Code(s)

Category II CPT Code(s) – Performance Measurement

Category III CPT Code(s) – Emerging Technology