

NOTE: Items in **black** apply to both codes sets.

Items in **blue** are unique to ICD-9-CM, Vol. 3.

Items in **purple** are unique to ICD-10-PCS.

General Coding Conventions & Legal Guidelines

1. The alphabetic index lists common surgical and procedural terminology. ICD-10-PCS uses the alphabetic index to enable the coder to determine the most accurate code to use to complete the code. Consulting the alphabetic index is optional in ICD-10-PCS because an accurate code can be constructed directly from the correct table.
2. ICD-9-CM, Vol. 3, uses the Tabular List to present all codes in medical codes with their complete code descriptions. ICD-10-PCS uses the Tabular section to enable the coder to complete the correct code.
3. ICD-9-CM, Vol. 3, codes are two, three, or four digits. Codes must be reported with the total number of digits required. Symbols in the Tabular List will instruct the coder when additional digits are required. ICD-10-PCS codes are seven alphanumeric characters. All letters of the alphabet are used except the

letters I and O because they are too easily confused with the numbers one and zero.

Examples

- 27.1 Incision of pelvis
35.06 Transapical replacement of aortic valve
04500075 Supra, inferior vena cava, superior mesenteric vein with autologous tissue substitute, open
1. Never code directly from the alphabetic index. Always check the Tabular List or Tables to confirm the code is accurate and complete.
 2. Codes must be reported to their highest level of specificity. When a coder cannot determine the appropriate specificity from the documentation, the physician should be queried for the detail required.
 3. ICD-10-PCS codes may be constructed from all options offered on the same row or level across for characters 4-7.

7. This word and should be translated as "and/or."

8. Parentheses () are shown surrounding nonessential modifiers—that is, optional terms that may or may not be included in the documentation.

Examples

- 88888 therapy (intramedullary) 99.82
99.82 (arthroplasty) (arthroplasty)
9. When the alphabetic index directs you to see, see also, or use, it is providing alternate main terms that might lead to the correct code.
- Examples**
Autotransfusion (whole blood) - see Blood, transfusion
Arteriovenous fistula - see also Fistula, arterial venous fistula
99.71
Release, scar tissue - see Release
Renal plexus - see Nerve, Abdominal Sympathetic

Guidelines Unique to ICD-9-CM, Vol. 3

1. **INCLUDES and EXCLUDES** notations:
A. **INCLUDES** provides additional diagnostic statements that are included in this code description. **EX** 01.10 Intracranial pressure monitoring **INCLUDES** insertion of catheter or probe for monitoring.
B. **EXCLUDES** directs you to a more appropriate code category. **EX** 00.41 Procedure, cat fund, vessels **EXCLUDES** (arterio) venous fistula (**EX** 10.36.99).
2. **Brackets []** indicate alternative terms (i.e., synonyms, abbreviations, acronym) in the Tabular List. **EX** 51.13 Closed (percutaneous) (needle) biopsy of brain.
3. **Italicized brackets []** appear in the alphabetic index to signal a second, mandatory code. **EX** Formation, renal bladder (closed) 57.87 (45.51).
4. **NOS** (not otherwise specified) means the documentation does not provide more detail (same as "unspecified"). **EX** 04.00 (NOS) 04.00.
5. **NDC** (not elsewhere classifiable) means no other codes are appropriate (same as "other specified"). **EX** 04.00 (NDC) 04.00.
6. **Colons [:]** are used in the Tabular List to shorten a list by providing a repeated term only once, prior to the colon, to be paired with each of the terms following the colon.

Example

- Documentation of:**
Aortic branches (ascending aorta branched) into heart muscle
Blood vessels into myocardium
Indirect heart revascularization NOS
7. A "Code also..." notation appearing in the Tabular List directs you to determine from the documentation if a second code may be necessary to completely report this circumstance. This note relates nothing about how to sequence these codes. **EX** 00.50 Transplant from cadaver Code also organ transplant procedure.
 8. A "Code first..." notation appearing in the Tabular List directs you to do two things: (1) find a second code to complete the circumstance, and (2) sequence this second code after the first code. **EX** 37.44 Robotic assisted procedures Code first primary procedure.
 9. A "Use additional code..." notation appearing in the Tabular List directs you to do two things: (1) find a second code to completely report this circumstance, and (2) sequence this second code first (i.e., list first, before the other code). **EX** 70.50 Repair of ectopic with graft or prosthesis (use additional code for biological substance (70.94) or synthetic substance (70.95), if known).
 10. An "Other (specify)" notation is shown to identify procedures that are not separately coded. **EX** Arthroscopy as operative approach - omit code.

Guidelines Unique to ICD-10-PCS

1. Body systems (character 2), specified as upper or lower are listed using the diaphragm as the center point. **EX** 0054422 Percutaneous endoscopic resection of the right renal artery.
2. General anatomical regions should only be referenced in a code when the procedure has been performed on a region as compared to a specific body part. **EX** 0054422 Percutaneous revision of a drainage device in the lower intestinal tract.
3. Portions of the procedure that are required to reach the intended specific anatomical site, as well as those necessary to close the procedural site, are not coded separately.
4. If a procedure is discontinued after the root operation has begun, report the code for the root operation (character 3) of the procedure that was intended to be performed. **EX** 0054422 Percutaneous endoscopic release of renal nerve.
5. When a procedure is discontinued prior to the root operation (character 3) being performed, report a procedure using the root operation "Inspection" of the body part or anatomical area inspected. **EX** 0054422 Percutaneous endoscopic inspection, renal nerve, left.
6. When an inspection (character 3) is done as a part of completing another procedure, it is not reported separately except when the inspection is performed using a different approach (character 5), then the procedure. **EX** 0054422 Percutaneous endoscopic inspection of right knee joint; 0054042 Insertion of internal fixation device, right knee joint, open procedure.
7. Inspections (character 3) performed on multiple tubular body parts (character 4) use the character that reports the most distal part inspected. **EX** 0054922 Inspection of ureter, via natural opening endoscopic.
8. For inspections (character 3) performed on multibody body parts in a region, report a body part (character 4) that identifies the entire area. **EX** 0054922 Inspection, via natural opening, of upper intestinal tract.
9. When a biopsy (character 3) root operation "Excision," "Extraction," or "Drainage" is followed by a more extensive related procedure (character 3) root operation "Destruction," "Excision," or "Resection" at the same anatomical site, report each procedure separately. **EX** 0054922 Percutaneous excision, lower lung lobe, left, diagnostic; 0054922 Open resection, lower lung lobe, left.
10. When an attempt to stop postprocedural bleeding (character 3) root operation "Control" is unsuccessful and another, more extensive procedure is required (character 3) root operation, "Bypass," "Detachment," "Excision," "Extraction," "Reposition," "Replacement," or "Resection," report only the more extensive procedure. Do not report "Control" in addition.
11. Multiple procedures, when performed during the same session, will be reported separately when:
A. The same root operation (character 3) is performed on different body parts (character 4). **EX** 0054922 Excision, external leg, skin on the face, diagnostic; 0054922 Excision, external foot, skin on the face, diagnostic.
B. The same root operation (character 3) is performed on different anatomical sites included in the same body part (character 4). **EX** 0054922 Open excision, subcutaneous tissue and fascia, left upper arm; 0054922 Open excision, subcutaneous tissue and fascia, left lower arm.
C. More than one root operation (character 3) with specific objectives is performed on the same body part (character 4). **EX** 0054922 Open excision, lumbar vertebral disc; 0054922 Open incision, spacer, lumbar vertebral disc.
D. One root operation (character 3) begins with one approach (character 5) and is changed to a different approach (character 5). **EX** 1000002 Delivery, products of conception, external; 1000002 Classical open abortion, products of conception.
12. When a body part (character 4) is being released (character 3) root operation), the code should identify the body part, but related, not the tissue being moved or cut to free the body part. **EX** 0054422 Percutaneous endoscopic release of right renal joint.
13. When transplanting an autologous or nonautologous cell instead of a living, functioning body part, report this from the Administration section of ICD-10-PCS. **EX** 3000301 Introduction of pancreatic islet cells, nonautologous, percutaneous, into a peripheral vein.

Musculoskeletal

1. When an excision, repair, or inspection affects more than one level of the musculoskeletal system, report the code specifying the deepest level.
2. Spinal fusion (character 3) is first identified by the level (e.g., "Cervical") and then by the number of joints fused (character 4). **EX** 0054922 Fusion, open, posterior approach, posterior column, interbody fusion device, thoracic vertebral joints, 2 to 7.
3. Spinal fusion (character 3) performed on multiple vertebral joints during the same session are reported separately for each joint using a different device (character 6) and/or different qualifier (character 7). **EX** 0054922 Fusion, cervical vertebral joints, 3 or more, open, interbody fusion device, posterior approach, posterior column; 0054922 Fusion, lumbosacral joint, open, no device, posterior approach, posterior column.

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Elsevier

A decorative graphic element consisting of a light blue horizontal bar with a rounded right end, and a red circular shape partially visible behind it.

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Medical Coding: Icd-10-Pcs BarCharts, Inc, Shelley C. Safian, 2012-05-31 The health care industry is moving toward a major change in the code set or language used to report the reasons why a physician or health care professional provided care to a patient Since 1978 the industry has used codes from ICD 9 CM volume 3 to report the procedures services and treatments provided to inpatients in acute care facilities Within the next few years the transition will be made to ICD 10 PCS The transition from ICD 9 CM volume 3 to ICD 10 PCS will only affect those health information management professionals and those getting ready to enter this profession working on hospital inpatient procedure coding but it will require even the most seasoned professionals to learn how to accurately report what has been provided to patients With the use of tabular examples and color coded text this QuickStudy guide helps make the transition smoother and promote better understanding and greater comfort with the new code set Medical Coding ICD-10-PCs (Speedy Study Guides LLC Publishing, Speedy Publishing LLC, 2014-05 Medical Coding ICD 10 PCS is the newest procedure coding system There are a total of 72 081 codes included in ICD 10 PCS Each of the seven alphanumeric characters used in each code represents something specific A chart would be very beneficial in trying to decipher what each code s letter or number represents For example the first number of the code represents the type of service that was rendered Other characters used represents a body system body part or region root operation etcetera Medical Coding Icd-10-Pcs (Speedy Study Guides) Speedy Publishing, 2014-06-17 Medical Coding ICD 10 PCS is the newest procedure coding system There are a total of 72 081 codes included in ICD 10 PCS Each of the seven alphanumeric characters used in each code represents something specific A chart would be very beneficial in trying to decipher what each code s letter or number represents For example the first number of the code represents the type of service that was rendered Other characters used represents a body system body part or region root operation etcetera **Medical Coding ICD-10-PCS** Shelley C. Safian, 2017-11 Updated for 2018 ICD 10 PCS International Classification of Diseases Procedure Coding System guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed for you to find answers fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals referencing procedural codes that track various health interventions taken by medical professionals 6 page laminated guide includes Inpatient Procedure Coding Selection of Principal Procedure ICD 10 PCS Coding Conventions ICD 10 PCS Sections Subsections Medical Surgical Section Guidelines Obstetrics Section Guidelines New Technology Section Guidelines ICD 10 PCS Terms **Medical Coding ICD-10-PCS** Shelley C. Safian, 2017

Medical Coding Speedy Publishing LLC, 2014-07-18 ICD 10 PCS is a kind of medical coding that is used to identify what kinds of treatment a patient received and used for billing a patient Medical coding requires a person to get an education and

there is a huge amount of information a person needs to know in order to get a coding certification One great way to learn the information is with the use of a study pamphlet The pamphlet can be used to learn the basic information and can keep a student focused on what they need to learn *Medical Coding: Icd-10-Cm Speedy Study Guides* Speedy

Publishing, 2014-07-16 Every known illness disease and condition has a specific number that goes along with the word describing the person's medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes The bottom line for using proper ICD codes is money reimbursement for the medical community and patient **Medical Coding ICD-10-CM** Shelley C. Safian, 2017-11 Updated for 2018 ICD 10 CM

International Classification of Diseases Clinical Modification guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed for you to find answers fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals for classifying and coding diagnoses symptoms and procedures recorded in conjunction with hospital care 6 page laminated guide includes General Coding Conventions Official Guidelines Instructional Notations Chapter Specific Official Guidelines Selection of Principal Diagnosis Reporting Additional Diagnoses Diagnostic Coding Reporting Guidelines for Outpatient Services Steps to Coding Diagnoses Using the ICD 10 CM Manual Documentation of Complications of Care Rules of Compliance External Cause Codes Sequencing Multiple Codes Correctly What to Code What Not to Code The Process of Abstracting Medical Coding ICD 10 PCS Selection of Principal Procedure ICD 10 PCS Coding Conventions ICD 10 PCS Sections Subsections Medical Surgical Section Guidelines Obstetrics Section Guidelines New Technology Section Guidelines ICD 10 PCS Terms Step-by-Step Medical Coding, 2015 Edition - E-Book Carol J.

Buck, 2014-11-18 Take your first step toward a successful career in medical coding with in depth coverage from the most trusted name in coding education From Carol J Buck Step by Step Medical Coding 2015 Edition is a practical easy to use resource that shows you exactly how to code using all current coding systems Explanations of coding concepts are followed by practice exercises to reinforce your understanding In addition to coverage of reimbursement ICD 9 CM CPT HCPCS and inpatient coding this edition fully covers ICD 10 CM in preparation for the transition to ICD 10 No other text on the market so thoroughly covers all coding sets in one source A step by step approach makes it easier to build skills and remember the material Dual coding addresses the transition to ICD 10 by providing coding answers for both ICD 10 and ICD 9 Over 500

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Medical Coding Speedy Publishing LLC, 2014-07-18 Every known illness disease and condition has a specific number that goes along with the word describing the person's medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes **Buck's Step-by-Step Medical Coding, 2019**

Edition E-Book Elsevier, 2018-11-05 Take your first step toward a successful career in medical coding with guidance from the most trusted name in coding education The bestselling Buck's Step by Step Medical Coding is a practical easy to use resource that shows you exactly how to code using all current coding sets Explanations of coding concepts are followed by practice exercises to reinforce understanding of the material In addition to coverage of reimbursement ICD 10 CM CPT HCPCS and inpatient coding an Evolve website includes 30 day access to TruCode Encoder Essentials No other text so thoroughly covers all coding sets in one source A step by step approach makes it easier to build your skills and remember the material 30 day trial access to TruCode Encoder Essentials gives you experience with using an encoder in addition to separate encoder practice exercises on the Evolve website Learning Objective and glossary review questions are included at the end of each chapter UNIQUE Concrete real life coding reports cleared of any confidential information simulate the

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Mosay,DaphneNeris,2017-12-25 Take a real world approach to coding that prepares you for the AAPC or AHIMA certification exams and for professional practice in any health care setting The book is also a handy resource you can turn to throughout your career Unique decision trees show you how to logically assign a code It s the only text that breaks down the decision making process into a visual and repeatable process You ll learn exactly how to select the correct ICD 10 CPT and HCPCS codes Each section parallels the Official Coding Guidelines with a special emphasis on commonly used codes A wealth of learning tools and tips along with critical thinking exercises and real life case studies provide the practice you need to master coding Brief reviews of A P and pathophysiology put the codes into perfect context **Evaluation and Management**

Coding and Documentation Guide Jillian H. Kuruc,2003 **Medical Coding (Speedy Study Guides** Speedy Publishing Llc,2014-05 The administrative side in healthcare is where medical coding comes in to play In order to bill for an injury or a procedure the coding has to be correct or the insurance company could reject it and no payment will be issued Coding is used in the medical field in a variety of ways Those studying medicine need to learn the diagnosis of an injury or sickness so the medical coding can be put in a system so the doctor or facility can be paid Coding is more behind the scenes and is an integral part of the medical field Ingenix Coding Lab 1 Ingenix,2002-11 *Ingenix Coding Lab 2* Ingenix,2002-11

Modern Healthcare ,2008 Principles of ICD-9-CM Coding Deborah J. Grider,Debra E. Hampton,2001 To help simplify and streamline learning the ICD 9 CM coding process the American Medical Association introduces Principles of ICD 9 CM Coding Principles is a textbook learning tool filled with explanations history practical tips examples exercises and self tests Written in an easy to understand format Principles is designed to guide new and veteran coders through all phases of ICD 9 CM from basic concepts to more detailed issues Principles of ICD 9 CM Coding is designed to help accomplish the following objectives Understand the purpose of ICD 9 CM and its relationship to the reimbursement process Understand and apply coding conventions Interpret basic coding guidelines for outpatient care Assign ICD 9 CM codes to the highest level of

specificity Understand basic medical terminology to correctly assign ICD 9 CM codes *ICD-9-CM Professional for Hospitals 2008, Vol. 1,2 & 3(softbound)* Ingenix,2007-09 Code with more precision and efficiency to reduce claim delays and denials using the ICD 9 CM Professional for Hospitals Volumes 1 2 3 with critical coding and reimbursement edit alerts on the same page as the code you want This product supports HIPAA compliance by providing the approved standard code set ICD 9 CM the official coding guidelines references for official coding advice coding instructions and conventions required under HIPAA Do it right in less time

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