

MEDICAL CODING ICD-10-CM

The International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) will enhance accurate payment for services rendered and facilitate evaluation of medical processes and outcomes. A number of other countries have already moved to ICD-10, including:

- United Kingdom (1995)
- France (1997)
- Australia (1998)
- Germany (2000)
- Canada (2001)

The new classification system provides significant improvements through greater detailed information and the ability to expand in order to capture additional advancements in clinical medicine. ICD-10-CM/PCS consists of two parts:

- **ICD-10-CM** - The diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings. Diagnosis coding under this system uses a different number of digits and some other changes, but the format is very much the same as ICD-9-CM.
- **ICD-10-PCS** - The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings ONLY. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM coding system uses 3 or 4 numeric digits. The current system, International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM), does not provide the necessary detail on either patients' medical conditions or on procedures performed on hospitalized patients. ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current medical practice. It cannot accurately describe the diagnoses and inpatient procedures of care delivered in the 21st century.

ICD-10-CM Diagnosis Codes

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The U.S. Department of Health and Human Services (HHS) has mandated industry-wide adoption of ICD-10-CM and ICD-10-PCS code sets by Oct. 1, 2013. ICD-10-CM will affect all components of the healthcare industry. Ambulatory surgery centers (ASCs) will not be affected by ICD-10-PCS unless they are utilizing ICD-9-CM volume 3 for inpatient procedures.

The two major changes in the ICD-9-CM to ICD-10-CM code sets are structure and detail. The codes will move from a numeric five-character size to an alphanumeric seven-character size. At current count, there are approximately 17,600 ICD-9-CM codes and the possibility of 155,000 ICD-10-CM/PCS codes. The codes are far more specific which will allow for greater accuracy.



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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

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Medical Coding

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learners will expand their medical vocabulary and increase their coding skills for the physician's office. Also included are the Centers for Medicare and Medicaid Services (CMS) guidelines for diagnosis coding and reporting by physicians. Learners need current CPT 4, ICD-9-CM, and HCPCS coding. *Coding and Payment Guide for Radiology Services* OptumInsight, Incorporated, St. Anthony, 2001. *Medical Coding ICD-9 (Speedy Study Guides)* Speedy Publishing, 2014-07-03. A medical coding ICD-9 book or software program contains detailed information concerning a variety of health conditions along with a numerical set of numbers. Each disease or health condition is assigned a specialized code that is used for identification purposes when submitting documents to insurance carriers for reimbursement. Health care employees such as medical coders and secretaries require a medical coding ICD-9 as part of their job while working in medical facilities including physician's offices, hospitals, and nursing homes.

AMA Physician ICD-9-CM 2004 American Medical Association, 2005-12-03. New AHA's Coding Clinic for ICD-9-CM references. Identifies the exact issue of Coding Clinic, the official coding advice which contains further information on that code. Revised Official Coding Guidelines. Stay coding compliant as required by HIPAA. Color Coded Tabular Symbols just like the ones found in CPT identify new, revised, and deleted codes and text and color-coded bars highlight unspecified, nonspecific, and manifestation coding situations. Email Delivered Special Reports. Stay current on important developments and code changes. Customers who provide an e-mail address will receive Special Reports via e-mail. Color Fourth and Fifth Digit Symbols in Index and Tabular. Color-coded intuitive symbol identifies codes that require an additional fourth and/or fifth digit. Hundreds of Clinically Oriented Diagnosis Definitions and Illustrations. Ensure quick and correct code selection. Age and Sex Edits. Identifies codes that are restricted dependent upon age or sex of patient. Valid Three Digit Category Appendix. Know at a glance whether a three-digit code is valid for submitting on claim. New and Revised Code Symbols and Dated Pages. Quickly identify new and revised codes and the date the codes were most recently changed. V Code Symbols. Quickly identify V codes that can be used only as a primary or secondary diagnosis.

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