

MEDICAL CODING ICD-10-PCS

ICD-10-PCS MEDICAL PROCEDURE CODES

The ICD-10 Procedure Coding System (ICD-10-PCS) is a system of medical classification used for procedural codes. The National Center for Health Statistics (NCHS) received permission from the World Health Organization (WHO), the body responsible for publishing the International Classification of Diseases to create the ICD-10-PCS as a successor to Volume 3 of ICD-9-CM and a clinical modification of the original ICD-10. The original draft was completed in 2000, and it has been updated for 2009. It will follow the same implementation as ICD-10-CM.

The new procedure coding system uses 7 alpha or numeric digits. The current system, ICD-9-CM volume 3 (International Classification of Diseases, 9th Edition, Clinical Modification), 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 ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current medical practice.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-PCS will make the US current with the rest of the developed world. The development of ICD-10-PCS had as its goal the incorporation of four major attributes:

COMPLETENESS

There should be a unique code for all substantially different procedures. In Volume 3 of ICD-9-CM, procedures on different body parts, with different approaches, or of different types are sometimes assigned to the same code.

EXPANDABILITY

As new procedures are developed, the structure of ICD-10-PCS should allow them to be easily incorporated as unique codes.

MULTIAXIAL

ICD-10-PCS codes should consist of independent characters, with each individual axis retaining its meaning across broad ranges of codes to the extent possible.

STANDARDIZED TERMINOLOGY

ICD-10-PCS should include definitions of the terminology used. While the meaning of specific words varies in common usage, ICD-10-PCS should not include multiple meanings for the same term, and each term must be assigned a specific meaning.

If these four objectives are met, then ICD-10-PCS should enhance the ability of health information coders to construct accurate codes with minimal effort. Within the development of ICD-10-PCS, several general principles were followed:

DIAGNOSTIC INFORMATION IS NOT INCLUDED IN PROCEDURE DESCRIPTION

When procedures are performed for specific diseases or disorders, the disease or disorder is not contained in the procedure code. There are no codes for procedures exclusive to aneurysms, cleft lip, strictures, neoplasms, hernias, etc. The diagnosis codes, not the procedure codes, specify the disease or disorder.

NOT OTHERWISE SPECIFIED (NOS) OPTIONS ARE RESTRICTED

ICD-9-CM often provides a "not otherwise specified" code option. Certain NOS options made available in ICD-10-PCS are restricted to the uses laid out in the ICD-10-PCS draft guidelines. A minimal level of specificity is required for each component of the procedure.

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Conquer Medical Coding 2018 Jean Juek, Stacey Mosay, Daphne Neris, 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.

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Coding and Payment Guide for Radiology Services OptumInsight, Incorporated,St Anthony,2001 *2004 Coding Workbook for the Physician's Office* Alice Covell,2004 This workbook contains coding exercises referencing each section of the CPT 4 and ICD 9 CM coding manuals Exercises requiring HCPCS Level II codes are also provided Condition and procedure statements in the exercises reflect the current annual editions of the coding manuals by completing the exercises 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 codin

Coding and Payment Guide for the Physical Therapist, 2002 St Anthony,2001-12

Reverse Acronyms, Initialisms, & Abbreviations Dictionary ,2007

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

Health Care Software Sourcebook & IT Buyer's Guide ,1999

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Table of Contents Medical Coding Icd 10 Pcs Speedy Study Guides

1. Understanding the eBook Medical Coding Icd 10 Pcs Speedy Study Guides
 - The Rise of Digital Reading Medical Coding Icd 10 Pcs Speedy Study Guides
 - Advantages of eBooks Over Traditional Books
2. Identifying Medical Coding Icd 10 Pcs Speedy Study Guides
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medical Coding Icd 10 Pcs Speedy Study Guides
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medical Coding Icd 10 Pcs Speedy Study Guides
 - Personalized Recommendations
 - Medical Coding Icd 10 Pcs Speedy Study Guides User Reviews and Ratings
 - Medical Coding Icd 10 Pcs Speedy Study Guides and Bestseller Lists

5. Accessing Medical Coding Icd 10 Pcs Speedy Study Guides Free and Paid eBooks
 - Medical Coding Icd 10 Pcs Speedy Study Guides Public Domain eBooks
 - Medical Coding Icd 10 Pcs Speedy Study Guides eBook Subscription Services
 - Medical Coding Icd 10 Pcs Speedy Study Guides Budget-Friendly Options
6. Navigating Medical Coding Icd 10 Pcs Speedy Study Guides eBook Formats
 - ePub, PDF, MOBI, and More
 - Medical Coding Icd 10 Pcs Speedy Study Guides Compatibility with Devices
 - Medical Coding Icd 10 Pcs Speedy Study Guides Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medical Coding Icd 10 Pcs Speedy Study Guides
 - Highlighting and Note-Taking Medical Coding Icd 10 Pcs Speedy Study Guides
 - Interactive Elements Medical Coding Icd 10 Pcs Speedy Study Guides
8. Staying Engaged with Medical Coding Icd 10 Pcs Speedy Study Guides
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medical Coding Icd 10 Pcs Speedy Study Guides
9. Balancing eBooks and Physical Books Medical Coding Icd 10 Pcs Speedy Study Guides
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medical Coding Icd 10 Pcs Speedy Study Guides
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Medical Coding Icd 10 Pcs Speedy Study Guides
 - Setting Reading Goals Medical Coding Icd 10 Pcs Speedy Study Guides
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Medical Coding Icd 10 Pcs Speedy Study Guides
 - Fact-Checking eBook Content of Medical Coding Icd 10 Pcs Speedy Study Guides
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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