

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 2006, and is 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 ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current medical practice.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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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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[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](#) 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.

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[Medical Coding Study Guide](#) Speedy Publishing, 2014-11-26 Individuals who are

preparing to take medical coding exams should note that study guides can help them earn the competitive score they want. This is the case for several reasons including the fact that these study guides tend to incorporate a lot of helpful material including medical and anatomy terminology reviews testing techniques for the exam questions that parallel the CPC certification exam practical examples review questions designed to test the student's knowledge of important coding concepts and many more. **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.

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 AP and pathophysiology put the codes into perfect context.

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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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