



Medical Coding ICD-10-PCS

INPATIENT PROCEDURE CODING

Selection of Principal Procedure

The following instructions should be applied in the selection of the principal procedure and classification on the importance of its relation to the principal diagnosis when more than one procedure is performed:

1. Procedure was performed for definitive treatment of both the principal diagnosis and secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment most related to a principal diagnosis as the principal procedure.
2. Procedure was performed for definitive treatment, and diagnostic procedures were performed for both the principal diagnosis and secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment most related to a principal diagnosis as the principal procedure.

ICD-10-PCS Coding Conventions

A1 ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification.

EX: The fifth axis of classification specifies the approach in sections 0 through 4 and 7 through 9 of the system.

1	2	3	4	5	6	7	8
Series	Body System	Body Quarter	Body Part	Approach	Body	Device	Other

A2 One of 34 possible values can be assigned to each axis of classification in the seven-character code; they are the numbers 0 through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and 0). The number of unique values used in an axis of classification differs as needed.

EX: Where the fifth axis of classification specifies the approach, seven different approach values are currently used to specify the approach.

A3 The valid values for an axis of classification can be added to as needed.

EX: If a significantly distinct type of device is used in a new procedure, a new device value can be added to the system.

A4 As with words in their context, the meaning of any single value is a combination of its axis of classification and any preceding values on which it may be dependent.

EX: The meaning of a body part value in the Medical and Surgical section is always dependent on the body system value. The body part value 0 in the Central Nervous Body System specifies Brain and the body part value 0 in the Peripheral Nervous Body System specifies Cervical Plexus.

A5 As the system is expanded to become increasingly detailed, over time more values will depend on preceding values for their meaning.

EX: In the Lower Joints body system, the device value 3 in the root operation Insertion specifies Infection Device and the device value 3 in the root operation Replacement specifies Ceramic Synthetic Substitute.

3. A diagnostic procedure was performed for the principal diagnosis, and a procedure was performed for definitive treatment of a secondary diagnosis.
 - a. Sequence diagnostic procedure as the principal procedure, since the procedure most related to the principal diagnosis takes precedence.
4. No procedures are performed that are related to the principal diagnosis; procedures were performed for definitive treatment, and diagnostic procedures were performed for secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment of a secondary diagnosis as the principal procedure, since there are no procedures (definitive or nondiagnostic treatment) related to the principal diagnosis.

A6 The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code. The PCS tables should always be consulted to find the most appropriate valid code.

A7 It is not required to consult the index, first before proceeding to the tables to complete the code. A valid code may be chosen directly from the tables.

A8 All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.

A9 Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. In the example below, QKPY37Z is a valid code, and QKPKX7Z is not a valid code.

Section	0 Medical and Surgical	1 Body System	K Muscles	P Devices: Taking out or off a device from a body part	2
Body Part	Approach	Device			
30 Upper Muscle	0: Open	0: Diagnostic Device			
31 Lower Muscle	1: Percutaneous	1: Autologous Tissue Substitute			
	2: Endoscopic	2: Synthetic Substitute			
32 Upper Muscle	3: Percutaneous Endoscopic	3: Heterologous Tissue Substitute			
33 Lower Muscle		4: Stimulator Lead			
		5: Other Device			
		6: On/Off Device			
		7: Stimulator Lead			
		X: External			

A10 "And," when used in a code description, means "and/or."

EX: Lower Arm and Wrist Muscle means lower arm and/or wrist muscle.

A11 Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms in the PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.

EX: When the physician documents "partial resection," the coder can independently correlate "partial resection" to the root operation Excision without querying the physician for clarification.

ICD-10-PCS Sections & Subsections

0. Medical and Surgical
 - Central Nervous System
 - Peripheral Nervous System
 - Muscle and Great Vessels
 - Upper Arteries
 - Lower Arteries
 - Upper Veins
 - Lower Veins
 - Gastrointestinal System
 - Respiratory System
 - Mouth and Throat
 - Gastrointestinal System
 - Hepatobiliary System and Pancreas
 - Endocrine System
 - Skin and Breast
 - Subcutaneous Tissue and Fascia

- Muscles
- Tendons
- Bones and Ligaments
- Head and Facial Bones
- Upper Bones
- Lower Bones
- Upper Joints
- Lower Joints
- Urinary System
- Female Reproductive System
- Male Reproductive System
- Anatomical Regions: General
- Anatomical Regions:
 - Upper Extremities
 - Lower Extremities
- Obstetrics
- Placement

- Anatomical Regions
- Anatomical Offices
- Administration
- Measurement and Monitoring
- Extracorporeal or Systemic Assistance and Performance
- Extracorporeal or Systemic Therapies
- Osteopathic
- Other Procedures
- Chiropractic
- Imaging
- Nuclear Medicine
- Radiation Therapy
- Physical Rehabilitation and Diagnostic Audiology
- Mental Health
- Substance Abuse Treatment
- New Technology

Medical Coding Icd 9 And Icd 10 Cm Quick Study Guide

BarCharts, Inc,Shelley C. Safian

Medical Coding Icd 9 And Icd 10 Cm Quick Study Guide:

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-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

Fordney's Medical Insurance and Billing - E-Book Linda M. Smith, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural

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Professional for Physicians, Volumes 1 & 2, 2006 (in One Unit) Anita C. Hart,Catherine A. Hopkins,2004

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 Expert for Physicians, Volumes 1 and 2 Anita C. Hart,Catherine A. Hopkins,2003 AHA Coding Clinic for ICD 9 CM references Definitions and illustrations New and revised code symbols and dated pages Check 4th and 5th digit alerts Color coded tabular alert coders to crucial coding and reimbursement issues Complete official coding guidelines Age and sex edits V code symbols

Coders' Desk Reference Med-Index Division Staff Medicode,Medicode,1999-11

2004 ICD-9-CM Professional for Physicians, Volumes 1 and 2 Ingenix,2003 These practical two volume ICD 9 CM Professional codebooks were designed with the coder in mind Enhanced with crucial reimbursement indicators these codebooks are your guides to coding accurately The clinically oriented definitions and illustrations exclusive color coded tabular check fourth and fifth digit symbols and official coding guidelines are some of the hallmarks of these Professional editions of the ICD 9 CM code book Plus the latest revisions to the complete official coding guidelines are included

Medical Coding: Icd-10-Cm 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 ICD 9 CM code set has been used to report these diagnoses Within the next few years the code set will be changing to ICD 10 CM While there are many similarities there are changes that those in the health information management profession and those getting ready to enter this profession must know and understand With the use of color coded text this QuickStudy guide helps make the transition easier to understand and simpler to incorporate into work behaviors

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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