



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 clarification 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.

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 nondefinitive treatment) related to the principal diagnosis.

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.

EC: 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
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

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.

EC: 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.
EC: 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.

EC: 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 System specifies Brain and the body part value 0 in the Peripheral Nervous 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.

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

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, 00PY3Z2 is a valid code, and 00PYXZ2 is not a valid code.

Section	0	Medical and Surgical	
Body System	M	Muscles	
Operation	P	Removal: Taking out or off a device from a body part	
Body Part	Approach	Device	Qualifier
X: Upper Muscle	0: Open	0: Drainage Device	2: None
Y: Lower Muscle	1: Percutaneous	7: Autologous Tissue Substitute	
	4: Percutaneous Endoscopic	J: Synthetic Substitute	
		K: Nonautologous Tissue Substitute	
		M: Stimulator Lead	
X: Upper Muscle		Y: Other Device	2: None
Y: Lower Muscle	X: External	0: Drainage Device	
		M: Stimulator Lead	

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

EC: 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.

EC: 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	Muscles	Anatomical Regions
Central Nervous System	Tendons	Anatomical Offices
Peripheral Nervous System	Bursae and Ligaments	1. Administration
Heart and Great Vessels	Head and Facial Bones	4. Measurement and Monitoring
Upper Arteries	Upper Bones	5. Extracorporeal or Systemic Assistance and Performance
Lower Arteries	Lower Bones	6. Extracorporeal or Systemic Therapies
Upper Veins	Upper Joints	7. Osteopathic
Lower Veins	Lower Joints	8. Other Procedures
Lymphatic and Hemio Systems	Urinary System	9. Chiropractic
Eye	Female Reproductive System	B. Imaging
Ear, Nose, Sinus	Male Reproductive System	C. Nuclear Medicine
Respiratory System	Anatomical Regions: General	D. Radiation Therapy
Mouth and Throat	Anatomical Regions: Upper Extremities	F. Physical Rehabilitation and Diagnostic Audiology
Gastrointestinal System	Anatomical Regions: Lower Extremities	G. Mental Health
Hepatobiliary System and Pancreas		H. Substance Abuse Treatment
Endocrine System		X. New Technology
Skin and Breast	1. Obstetrics	
Subcutaneous Tissue and Fascia	2. Placement	

Medical Coding Icd 9 And Icd 10 Cm Quick Study Guide

BarCharts, Inc, Shelley C. Safian

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the author's name.

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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

coding provides you with the foundation and skills needed to work in a physician's office as well as ambulatory and inpatient settings. Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification. Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations. Step by step procedures detail common responsibilities of the insurance billing specialist and coder. Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology. Color coded icons denote and clarify information rules and regulations for each type of payer. Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student. Scenario boxes help you apply concepts to real world situations. Quick Review sections summarize chapter content and also include review questions. Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms.

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.

2001 Physician ICD-9-CM, 2000 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.

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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

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

ICD-10 Made Easy, 1998 **ICD-9-CM**

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 **Coder's Desk Reference** Medicode, OptumInsight, Incorporated, 2000 AMA HCPCS 2004 American Medical Association, 2003 All HCPCS 2004 codes and modifiers including deleted codes for 2004 Easy to use color

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