

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 (1992)
- 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 (OPHY). The new procedure coding system uses 7 digits 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 ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current medical practice.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

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.

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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/PCS 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 code to an alphanumeric seven-character code. At current count, there are approximately 17,000 ICD-9-CM codes and the possibility of 115,000 ICD-10-CM/PCS codes. The codes are far more specific which will allow for greater accuracy.



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Alice Covell

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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 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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Coding and Payment Guide for the Physical Therapist, 2002

St Anthony,2001-12 *Insurance Handbook for the Medical Office* Marilyn Takahashi Fordney,2006 Offering guidance for all aspects of submitting tracing appealing and transmitting claims for today s full range of health plans this essential reference streamlines administrative procedures and increases office efficiency during the insurance billing process The 9th edition has been completely updated to include the latest information on essential topics such as the HIPAA regulations diagnostic coding procedural coding office and insurance collection strategies Medicare and more In addition this trusted resource of choice for medical insurance specialists is now printed in full color and contains a CD ROM that features Altapoint software that simulates the billing process and provides real world experience All content has been reviewed by industry experts and meticulously updated to reflect recent changes in insurance claim filing Procedural coding CPT and HCPCS and diagnostic coding ICD 9 CM and required documentation are emphasized as keystones to obtaining maximum reimbursement Unique color coded payer icons clarify information specific to different payers and help you understand CMS claim form completion Special HIPAA Alerts throughout the book help you comply with important governmental privacy regulations Emphasizes procedural CPT and HCPCS and diagnostic ICD 9 CM coding and documentation since they are the keystones to obtaining maximum reimbursement Block by block explanations

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