



# Medical Coding ICD-10-CM

Diagnosis Coding

## General Coding Conventions & Official Guidelines

### SECTION I

- The ICD-10-CM alphabetic index includes: Index to Diseases and Injuries; Neoplasm Table; Table of Drugs & Chemicals; and Index to External Causes.
- The ICD-10-CM Tabular List includes all codes A-Z.
- Never code directly from the alphabetic index. Always check the Tabular List to confirm the code is accurate and complete.
- Codes must be reported to their highest level of specificity. When a coder cannot determine the appropriate specificity from the documentation, the physician should be queried for the detail required.
- ICD-10-CM codes are three to seven alphanumeric characters. Codes must be reported with the required number of digits, including the seventh character, when applicable.  
**EX:** S57.01XA Crushing injury of right elbow, initial encounter
- INCLUDES, EXCLUDES1, and EXCLUDES2 notations:**  
A. **INCLUDES** provides additional diagnostic statements that are included in this code description.  
**EX:** C93 Monocytic leukemia **INCLUDES** monocytoid leukemia  
B. **EXCLUDES1** is the same as **EXCLUDES** in ICD-9-CM, directing you to a more appropriate code category for this condition. This means that this code and the referenced alternative code are mutually exclusive (i.e., they cannot exist in the same patient at the same time).  
**EX:** S02.5 Fracture of tooth (traumatic) **EXCLUDES1** cracked tooth (nontraumatic) (S02.81)  
C. **EXCLUDES2** identifies conditions that are not included in the code category. The referenced alternative codes may or may not be appropriate to report in addition to this code.  
**EX:** O22 Venous complications and hemorrhoids in pregnancy **EXCLUDES2** placental pulmonary embolism (O28.2)
- NEC** (not elsewhere classifiable) means no other codes are appropriate (same as "other specified").  
**EX:** Dependence, drug NEC F19.20
- NOG** (not otherwise specified) means that the documentation does not provide more detail (same as "unspecified").  
**EX:** R03.2 Hypertension NOS  
9. Brackets [ ] indicate alternative terms (i.e., synonyms, abbreviations, acronyms) in the Tabular List.  
**EX:** E05 Thyrotoxicosis [hyperthyroidism]
- Brackets [ ] can also indicate secondary manifestation codes in the alphabetic index.  
**EX:** Disorder, liver, malarial B54 [K77]
- Italicized brackets [ ] appear in the alphabetic index to signal a second, mandatory code.  
**EX:** Retinopathy, arteriosclerotic I70.8 [H35.0]
- Colons (:) are used in the Tabular List to shorten a list by providing a repeated term only once, prior to the colon, to be paired with each of the terms following the colon.
- Parentheses ( ) are shown surrounding nonessential modifiers—that is, optional terms that may or may not be included in the documentation.  
**EX:** R68.11 Excessive crying of infant (baby)
- Signs and symptoms should only be reported with separate codes when there is no documentation of a confirmed diagnosis that includes those signs and symptoms.
- Combination codes (i.e., codes that report two diagnoses, a diagnosis with a complication, or a diagnosis with a manifestation) must be used in preference to multiple coding, when appropriate.  
**EX:** H46.011 Acute suppurative otitis media with spontaneous rupture of ear drum, right ear
- Combination codes do not preclude the use of additional codes to report additional details about that condition if they are not provided by the combination code.
- Each diagnosis code may only be reported once per encounter. This applies to bilateral conditions and when two conditions are reported with the same code.

- The word "and" should be translated as "and/or."
- The word "with" also means "due to," as well as "associated with."
- When the alphabetic index directs you to "see" or "see also," it is providing alternate main terms that might lead to the correct code.  
**Examples:**  
Inflammation, sinus – see Sinusitis      Fibrocystic disease – see also Fibrosis, cystic
- When the direction "see condition" appears in the alphabetic index (typically after a main term that is an anatomical site), it means that you should turn to the main term describing the condition or problem with that anatomical site.  
**EX:** Lung – see condition
- A "Code first..." notation appearing in the Tabular List directs you to do two things:  
A. Find a second code to completely report this circumstance  
B. Sequence this second code after the first code  
**EX:** H54 Blindness and low vision. Code first any associated underlying cause of the blindness
- A "Use additional code..." notation appearing in the Tabular List directs you to do two things:  
A. Find a second code to completely report this circumstance  
B. Sequence this second code first (list first, before the other code)  
**EX:** K94.32 Esophagostomy infection. Use additional code to identify the infection
- A "Code also..." notation appearing in the Tabular List directs you to determine from the documentation if a second code may be necessary to completely report this circumstance. This note relates nothing about how to sequence these codes.  
**EX:** Q93.7 Deletions with other complex rearrangements. Code also any associated duplications due to unbalanced translocations, inversions, and insertions (Q92.5)
- The "Code, if applicable, any causal condition..." notation appearing in the Tabular List directs you to report an additional code only when the documentation states that the additional manifestation is present.  
**EX:** M13.8 Other obstructive and reflux uropathy. Code, if applicable, any causal condition first, such as: enlarged prostate (N40.1)
- A code description that includes the phrase "in diseases classified elsewhere" indicates that this code is reporting the existence of a manifestation and should be reported after the code reporting the underlying condition or disease.  
**EX:** N22 Calculus of urinary tract in diseases classified elsewhere
- A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. Coding of sequela often requires two codes: first the condition or nature of the sequela, followed by the sequela code.
- A "borderline" diagnosis at the time of discharge is coded as confirmed unless the classification provides a specific entry (e.g., borderline diabetes). If it is a specific borderline code, that specific code should be reported.
- Body Mass Index (BMI), degree of non-pressure, chronic ulcers, pressure ulcer stage, coma scale, and NIH stroke scale (NIHSS) codes, the code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified health care practitioner legally accountable for establishing the patient's diagnosis).
- For a patient diagnosed with a bilateral condition, when each side is treated during separate encounters, assign the "bilateral" code (as the condition still exists on both sides) for the encounter to treat the first side. For the second encounter for treatment (after one side has previously been treated and no longer exists on that side), assign the appropriate unilateral code for the side where the condition still exists (e.g., cataract surgery performed on each eye in separate encounters).
- Present-on-admission (POA) guidelines: Present on admission is defined as present at the time the order for patient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.

## Instructional Notations

### SECTION I (continued)

#### INCLUDES

The word "includes" appears immediately under certain categories to further define, or give examples of, the content of the category.

#### EXCLUDES Notes

The ICD-10-CM has two types of excludes notes. Each note has a different definition for use, but they are both similar in that they indicate that codes excluded from each other are independent of each other.

#### EXCLUDES1

A type 1 excludes note is a pure excludes. It means "Not coded here." This note indicates that the code excluded should never be used at the same time as the code above the EXCLUDES1 note. It is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

#### EXCLUDES2

A type 2 excludes note represents "Not included here." It indicates that the condition excluded is not part of the condition it is excluded from, but a patient may have both conditions at the same time. When an EXCLUDES2 note appears under a code, it is acceptable to use both the code and the excluded code together.

#### Code First/Use Additional Code Notes

Certain conditions have both an underlying etiology and multiple body system

manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, followed by the manifestation. Whenever such a combination exists, there is a "Use additional code" note at the etiology code, and a "Code first" note at the manifestation code. These instructional notations indicate the proper sequencing order of the codes, etiology followed by manifestation. In most cases, the manifestation codes will have in the code title, "in diseases classified elsewhere." Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code, and they must be listed following the underlying condition.

#### Code Also

A Code also note instructs that two codes may be required to fully describe a condition, but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

#### 7th Characters & Placeholder 'X'

For codes less than 6 characters that require a 7th character, a placeholder X should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code.

# Study Guide For Medical Coding

**Lisa Lambert**



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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, 2014-07-15 Medical coding is a process where you enter abbreviations on medical charts A pamphlet can be helpful in learning the words and the abbreviations for those words The abbreviations can be written on index cards so that the student can study for quizzes Students learn the medical lingo seen on charts where medical coding is used such as a doctor s office or a hospital *Medical Coding: Icd-10-Pcs Speedy Study Guides* Speedy Publishing, 2014-07-16 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 **Medical Coding (Speedy Study Guide)** Speedy Publishing LLC, 2014-11-20 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 Publishing LLC, 2014-07-18 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 **Medical Coding** Vito C. Mody, Jr., 2019-07-10 This book teaches medical coding for anesthesia and pain management It will prepare the reader for passing the Certified Anesthesia and Pain Management Coder CANPC exam as well as improving their professional practice The book goes beyond the concepts and applications that are required to pass the exam It provides critical insights into actual scenarios faced by coders in the real world 70 unique cases are presented that will highlight the correct coding

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**Medical Coding Certification Exam Preparation: A Comprehensive Guide** Cynthia Ward,Cynthia Stewart,2013-02-21 Medical Coding Certification Exam Preparation is the resource your students need to prepare for the CPC and other coding certification exams It provides a comprehensive review of topics students need to know for these exams including coverage of anatomy medical terminology pathophysiology as well as concepts guidelines and rules of medical coding Authors Cynthia Stewart and Cynthia Ward bring a fresh approach to exam prep based on their teaching experience and helping students prepare for certification exams They provide the necessary tools to understand how to break each case down and translate services procedures and diagnoses into the most appropriate codes for reimbursement

**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* 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 (Speedy*

*Study Guides*) Speedy Publishing LLC,2014-07-17 Medical coding is a process where you enter abbreviations on medical charts A pamphlet can be helpful in learning the words and the abbreviations for those words The abbreviations can be written on index cards so that the student can study for quizzes Students learn the medical lingos seen on charts where medical coding is used such as a doctor s office or a hospital Medical Coding ICD-9 (Speedy Study Guide) Speedy Publishing LLC,2014-06-27 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 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 **Newman's Billing and Coding Specialist Study Guide** Xavier Newman,Xavier R S Newman Nrcs,2012-01-01 Medical coding professionals provide a key step in the medical billing process Every time a patient receives professional health care in a physician s office hospital outpatient facility or ambulatory surgical center ASC the provider must document the services provided The medical coder will abstract the information from the documentation assign the appropriate codes and create a claim to be paid whether by a commercial payer the patient or CMS While the medical coder and medical biller may be the same person or may work closely together to make sure all invoices are paid properly the medical coder is primarily responsible for abstracting and assigning the appropriate coding on the claims In order to accomplish this the coder checks a variety of sources within the patient s medical record i e the transcription of the doctor s notes ordered laboratory tests requested imaging studies and other sources to verify the work that was done Then the coder must assign CPT codes ICD 9 codes and HCPCS codes to both report the procedures that were performed and to provide the medical biller with the information necessary to process a claim for reimbursement by the appropriate insurance agency This text is intended to dispel any ambiguity prior to taking your national certification This text contains over 400 preparatory examination questions covering ICD 9 ICD 10 Revenue cycle Medical report extrapolation assignments HCPCS UB04 and CPT Medical Coding (Speedy Study Guides) LLC Publishing,Speedy Publishing LLC,2014-05 When you are studying something as intricate involved and structured as medical coding it s worth your time to invest in every study aid you can possibly employ to that end Since studying is just a way of working to ensure that you can better retain and recall information a pamphlet is a great way to help you quickly decode

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**Medical Billing N' Coding Q/A** Lisa Lambert,2020-01-13 This is a book for questions about what medical coding and medical billing is how to start your own business as a medical coder at home or even a medical biller The book tutors students to pass the AAPC CPC exam The book also has full course information The sessions include Medical Billing Coding Medical Terminology body systems definitions and a host of surgical descriptions The book also has testing techniques along with pictures to give you an idea of what the field is about The class is about motivation and helping people achieve their goals The book has a huge amount of answers for people who are wanting to grow into the next level of Medical Billing and Coding or just for people who are at home who want to learn about medical coding and billing as a profession and how they can learn the skill This book is an informational tool for those who want many questions answered about billing and coding The awesome thing that stands out in this book is that you can ask the author questions live if the reader does not see something that they may have a question about they can email the author or via phone contact The reader can also contact the instructor through the class to ask questions this is all free The book is designed to educate and inform new students and prior students on how to take the billing and coding to the next level All the stories and summaries in the book are real life experiences The book introduces a class session that can be taken at the pace of the student whether you are working full time or part time a schedule will be prepared for the student to accomplish their goal Most importantly information on passing the CPC certified professional coder exam this exam is given through AAPC American Academy of Professional Coders it is one of the most important exams a student will take The fun of just mastering a skill and knowing how well you are in it and how you can perform the task is a plus in the billing and coding world Being certified will set you apart from the uncertified you will have more of an opportunity to excel in the field either working at home or in a medical facility You and I will take this journey together If your home and watching television just trying to figure out what to do what is next what career should you do this is the one for you Read the book all those questions you had will be answered In this book you will see motivation inspiration and

transformation      CCS-P Exam Study Guide Medical Coding Pro,2021-01-22 The Certified Coding Specialist Physician Based CCS P Exam Study Guide includes questions answers and rationale updated as of January 1 2021 Questions are separated into sections to make it easier to identify strengths and weaknesses It includes a 105 question practice exam with answers and full rationale Medical Terminology Common Anatomy Tips to passing the exam Secrets to Reducing Exam Stress and Scoring Sheets It is designed for students preparing for the CCS P certification exam from AHIMA after January 1 2021 Look at what some students had to say after using our practice exams I purchased your product a practice exam and the strategies to pass before sitting for the exam I received my results yesterday I PASSED I used all of the strategies you recommended which made all the difference in the world Thank you so much Heather T This is very good I used your practice exam bundle and passed the first time I also recommended this to others preparing for the test in our organization They ordered and felt it was of great value Linda B CPC I purchased your practice exam package and think it s great Using your tips I passed Elizabeth H I am thrilled to report that I passed my exam on December 12th Kathleen C Your test was amazing it help me out a lot Vickey L Well the practice test helped me pass my exam I got he good news last week Erica J I wanted to thank you for the practice exam Your exam really helped me work on timing Mark T Wooooohooooo I passed Thanks for all your hints and practice exams to help me pass Wow I am glad that s over Thanks again Deanna A I did purchase the practice exam from you before the new year and I passed I found out literally New Years eve Thanks for the great exam Sabrina I took the exam Dec 7 As a matter of fact I did pass the exam and your practice exam helped Thanks Go ahead and list my name in your Certified Coders section Lester B I have passed the exam and thank you for all of your help with the preparation materials Victoria S  
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