



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 nond definitive 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.

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
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.

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 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.

EX: 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."

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 Heart and Great Vessels Upper Arteries Lower Arteries Upper Veins Lower Veins Lymphatic and Hemio Systems Eye Ear, Nose, Sinus Respiratory System Mouth and Throat Gastrointestinal System Hepatobiliary System and Pancreas Endocrine System Skin and Breast Subcutaneous Tissue and Fascia	Muscles Tendons Bursae 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 Anatomical Regions: Lower Extremities 1: Obstetrics 2: Placement	Anatomical Regions Anatomical Offices 3: Administration 4: Measurement and Monitoring 5: Extracorporeal or Systemic Assistance and Performance 6: Extracorporeal or Systemic Therapies 7: Osteopathic 8: Other Procedures 9: Chiropractic B: Imaging C: Nuclear Medicine D: Radiation Therapy E: Physical Rehabilitation and Diagnostic Audiology G: Mental Health H: Substance Abuse Treatment X: New Technology
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Icd 9 Coding Study Guide

Victor M. Corman

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

Icd 9 Coding Study Guide:

ICD-9-CM Inpatient Coding Reference and Study Guide Ba Kobayashi, 2010-07 If you need to have a strong understanding of how ICD 9 CM diagnosis and procedure codes are determined then you have chosen the right book ICD 9 CM Inpatient Coding Reference and Study Guide The author designed a book that goes beyond the fundamentals that gets into the details of ICD 9 CM diagnosis and procedure code assignment as would be experienced on the job This user friendly reference teaches coders how to handle many coding situations while also being comprehensive enough to teach someone with a basic knowledge of medical coding how to move to the next level of advanced inpatient coding Updated every year to reflect the annual ICD 9 CM coding changes the text enables HIM professionals to master the concepts of medical coding while also gaining critical knowledge to pass the CCS exam administered by AHIMA and the CPC H exam from the AAPC The book also serves as an excellent desk reference and resource for coders who need to refresh their ICD 9 CM coding skills Among the topics covered in Volume 1 are inpatient coding guidelines coding conventions coding tables and a drug reference However the heart of this manual is the body system analysis based on chapters 1 17 of the Tabular list in Volume I of the ICD 9 CM Official Coding Guidelines The chapters are categorized by body system such as respiratory digestive et al The chapters in this study guide follow the same sequence as the Official Coding Guidelines All chapters in addition to highlighting basic coding guidelines contain situation based coding tips and coding examples A quiz follows each chapter reinforcing concepts in a rigorous manner that applies directly to the professional coding environment The book also contains a selective discussion of invasive procedures that the coder will most likely encounter on the job and on the exam At the end of ICD 9 CM Inpatient Coding Reference and Study Guide are 15 case studies providing the reader with an opportunity to assess their ICD 9 CM coding skill set and speed at coding inpatient medical records Each record contains a face sheet history physical progress notes and answer sheet Some of the case studies contain ER reports consultations as well as operative and pathology reports The answer key at the end of this study guide contains a rationale for all code assignments 456 short answer questions 116 multiple choice questions 15 full medical record case studies Each question is highly relevant and reflects a coding situation most hospital based inpatient coders will face The text strives to ensure the reader understands every diagnosis and procedure discussed thorough discussion of symptoms standard treatment protocols and medications Coding examples and quizzes help clarify the information presented Linda Kobayashi BA RHIT CCS has been a coder and coding manager for almost 20 years Since 1998 Ms Kobayashi has owned and operated Codebusters Inc a nationwide coding consulting company Widely regarded as a medical coding and auditing expert she has conducted workshops on a variety of coding topics including CCS Exam preparation workshops Throughout her career the author has remained professionally active as an AHIMA member as well as a member of her state association CHIA California health Information Association Her formal training includes a teaching credential from California State University Los Angeles a B A

degree in English Literature from University of California Los Angeles an RHIT from AHIMA after completing the RHIT program at East Los Angeles College and a CCS certificate from AHIMA Extensive experience as a hands on coder auditor and educator and has given the author the expertise to help coders prepare for the professional coding environment

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

Cpt-4 Outpatient Coding Reference and Study Guide 2012 Rhit Kobayashi,2012-05 **The CCDS Exam Study Guide**,2010 *Complete Home Health ICD-9-CM Diagnosis Coding Manual* Lisa Selman-Holman,Victoria Forlini,2009 *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 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 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 lingos seen on charts where medical coding is used such as a doctor s office or a hospital **ICD-9-CM Expert for Physicians 2003** Medicode,2002-09 **Journal of AHIMA** ,2008 Principles of ICD-9-CM Coding Deborah J. Grider,American Medical Association,Debra E. Hampton,2003 This revised training and educational tool helps to simplify learning the ICD 9 CM coding process Chapters include all areas of ICD 9 CM from an introduction to the content format and coding process to an in depth analysis for identifying and locating the most appropriate codes Mastering Medical Coding Marsha Diamond,2003 This practical approach to coding provides a solid foundation in basic coding principles with an emphasis on learning through realistic physician documentation It prepares students to tackle any coding scenario from routine to complex Chapters begin with an emphasis

on basic coding documentation and rules to ensure correct coding for ICD 9 CM CPT 4 and HCPCS Progressively difficult coding exercises incorporate newly learned skills as readers advance through the material the worktext portion of the book and the companion student workbook provide progressively difficult real world exercises that build the necessary skills of identifying the right codes from real world medical charts Learning objectives numerous examples chapter reviews and coding reference tools throughout provide the necessary learning tools to fully master basic and advanced coding concepts

Professional Review Guide for the CCA Examination, 2004 Edition Patricia J. Schnering, Christine Wagner, Calee Leversee, Toni Cade, Anita Hazelwood, Carol Venable, 2004 This valuable manual contains Study tips and a comprehensive resource list Multiple choice questions to review Biomedical Sciences Information Technology Healthcare Data Content Health Care Delivery Systems Clinical Classification Systems ICD 9 CM and CPT coding Official Coding Guidelines Billing Reimbursement and Compliance Commonly Administered Drugs Lab Values Official Guidelines for ICD 9 CM Guidelines for Coding and Reporting Use the book and the Interactive CD ROM to practice interpreting documentation and applying your clinical knowledge in assigning codes to diagnoses and procedure for a variety of patient settings This program has been approved for 6 continuing education credits for use in fulfilling the continuing education requirements of the American Health Information Management Association AHIMA

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

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

Government Reports Announcements & Index, 1988

Insurance Handbook for the Medical Office Marilyn Takahashi Fordney, 2002 INSURANCE

HANDBOOK FOR THE MEDICAL OFFICE is a key text for medical administrative assisting medical front office programs or those who wish to become insurance billing specialists claims assistance professionals or electronic claims processors for

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Physicians Fee & Coding Guide ,2011 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

Medicare and Medicaid Guide ,1969

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