



Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course

Introduction Page 1 of 6

Welcome to the “Diagnosis Coding: Using the ICD-10-CM” Web-Based Training Course

The “Diagnosis Coding: Using the ICD-10-CM” Web-Based Training Course is brought to you by the Medicare Learning Network®, a registered trademark of the U.S. Department of Health & Human Services (HHS).

This course provides International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) implementation guidance. It also provides information on the ICD-10-CM classification system and coding examples.

It is useful for physicians, non-physician practitioners, health care administrators, medical coders, billing and claim processing personnel, and other medical administrative staff who are responsible for submitting claims for payment using ICD-10-CM codes. When we use “you” in this course, we are referring to these health care providers.

Please note: The information in this course applies to all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

Introduction Page 2 of 6

About the Medicare Learning Network®

Welcome to the **Medicare Learning Network®** – Your free Medicare education and information resource!

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1

The Medicare Learning Network® (MLN) is the home for education, information, and resources for the health care professional community. The MLN provides access to CMS Program information when you need it.

Serving as the umbrella for a variety of CMS education and communication activities, the MLN offers:

1. [Educational Products](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html>), including [MLN Matters® Articles](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>)
2. [Web-Based Training \(WBT\) Courses](https://learner.mlnlms.com) (<https://learner.mlnlms.com>) (many offer Continuing Education credits)
3. [MLN Connects® National Provider Call Program](http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html) (<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html>) (many offer Continuing Education credits)
4. [MLN Connects® Provider Association Partnerships](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership/index.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership/index.html>)
5. [MLN Connects® Provider eNews](http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html) (<http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>)
6. [Provider electronic mailing lists](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf) (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf)

Introduction Page 3 of 6

About the Medicare Learning Network® (continued)

CMS relies on its Medicare Administrative Contractors (MACs) to assist us in delivering education and information to Medicare health care professionals. These contractors maintain toll-free telephone lines for inquiries; provider self-service options, such as websites and portals; and conduct outreach and education, including interactions with individual providers, group practices, and local professional associations.

If you have questions about the Medicare Program, you should first [contact your MAC](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/index.html) (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/index.html>).

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Course Objectives

After you complete this course, you should be able to correctly:

- Identify the International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) implementation date
- Identify ICD-10-CM structure and format
- Recognize ICD-10-CM features
- Determine how to find correct ICD-10-CM codes
- Use ICD-10 coding tips
- Identify ICD-10 information and resources

Course Content

This course consists of reference documents, course content, a post-assessment, and a course evaluation. Successful completion of the course requires completion of the course evaluation and a cumulative score of 70 percent or higher on the post-assessment.

This course uses cues at various times to provide additional information. The cues are hyperlinks, buttons, and rollovers. For more information on using these cues, as well as suggested browser settings, select the Help button in the top right corner. The Reference button includes two job aids, a glossary, and the text-only version of the course. You may print these materials now or at any time during this course.

After you successfully complete this course, you will be given instructions on how to print your certificate.

Click on the Disclaimers button for disclaimers pertaining to this web-based training course.

Disclaimers

This educational product was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This educational product was prepared as a service to the public and is not intended to grant rights or impose obligations. This educational product may contain references or links to statutes, regulations, or other policy materials. The information provided is only

intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Introduction Page 6 of 6

Lessons

This course is divided into four lessons.

- Lesson One: ICD-10 Basics
- Lesson Two: Features of ICD-10-Clinical Modification (CM)
- Lesson Three: Coding Examples
- Lesson Four: ICD-10 Coding Tips, Information, and Resources

This course will take approximately 1 hour to complete. You do not have to complete the course in one session. If you exit the course and return later, the course will open on the last page viewed.

Each lesson will take approximately 15-20 minutes to complete. After you complete the lessons, you will complete a post-assessment and course evaluation.

Select Continue to return to the Course Menu and then select Lesson One: ICD-10 Basics.

Lesson One: ICD-10 Basics Page 1 of 32

In this lesson, we'll learn about diagnosis coding, the background of International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), benefits of ICD-10-CM, similarities and differences between International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) and ICD-10-CM, where to find ICD-10-CM codes and guidelines, and an overview of the General Equivalence Mappings (GEMs).

Lesson Objectives

After completing this lesson, you should be able to correctly:

- Identify diagnosis coding
- Recognize basics of ICD-10-CM/PCS
- Identify the ICD-10 implementation date
- Recognize similarities and differences between ICD-9-CM and ICD-10-CM
- Describe the GEMs

This lesson will take approximately 15 minutes to complete.

Lesson One: ICD-10 Basics Page 2 of 32

Course Resources

This course offers these resources:

- Two job aids
- Glossary
- Text-only version of the course

You can access the course resources by selecting the Reference button at the top of each course page.

Lesson One: ICD-10 Basics Page 3 of 32

Diagnosis Coding

Diagnosis codes are alphanumeric (letters and numbers) codes that represent medical terminology for diseases, disorders, or other medical conditions affecting the patient.

Proper diagnosis coding involves using the ICD-10-CM volumes to select the appropriate codes for diseases, disorders, or other medical conditions affecting the patient based on documentation in his or her medical record and assigning those codes correctly on claims.

When diagnosis codes are reported on claims, in general, the Medicare Administrative Contractor (MAC) uses the codes to determine coverage, not to determine the amount CMS will pay for furnished services.

Diagnosis Coding (continued)

Let's review the history of diagnosis coding.

Year	Medical Coding Event
1600s	Medical diagnostic coding dates back to 17th century England.
1948	The International Classification of Diseases, 9th Revision (ICD-9) was used for coding in the United States from 1948 to 1979.
1979	The ICD-9-CM was published for use in 1979.
1988	The Medicare Catastrophic Coverage Act of 1988 required providers to submit a diagnosis code on claim forms to receive payment
1994	CMS published coding and reporting requirements outlining basic steps providers should follow to ensure correct coding.
2009	The Department of Health & Human Services published a final rule adopting ICD-10-CM/PCS) to replace ICD-9-CM in Health Insurance Portability and Accountability Act (HIPAA) transactions.
2015	CMS implemented ICD-10-CM/PCS on October 1, 2015.

Diagnosis Coding (continued)

Next, let's briefly review using diagnosis codes on claims.

Correct coding is key to submitting valid claims. To ensure that claims are as accurate as possible, use current valid diagnosis codes and code them to the highest level of specificity available.

You must submit claims electronically, except in limited situations. To find more information on when you may submit paper claims, visit

<http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCASelfAssessment.html>.

Health care professionals and suppliers use Form CMS-1500 or its electronic equivalent to bill Medicare Administrative Contractors (MACs). Institutional providers use Form CMS-1450 or its electronic equivalent to bill MACs. The paper forms can be found on the [CMS Forms List webpage](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html) (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>).

The Medicare Learning Network® offers these resources that provide information on diagnosis coding claim requirements and significant claim fields for reporting diagnosis codes:

- “Medicare Billing: 837P and Form CMS-1500” Web-Based Training (WBT) course
- “Medicare Billing: 837I and Form CMS-1450” WBT course

You can access these courses at <https://learner.mnlms.com/>.

Lesson One: ICD-10 Basics Page 6 of 32

Review Question

Select true or false.

Diagnosis codes are alphanumeric (letters and numbers) codes that represent medical terminology for diseases, disorders, or other medical conditions affecting the patient.

- A. True
- B. False

The correct answer is A.

Lesson One: ICD-10 Basics Page 7 of 32

Review Question

Select the correct answer.

Medicare requires you to submit claims _____, except in limited situations.

- A. Electronically
- B. On Paper

The correct answer is A.

Background

Next, let's go over some basic ICD-10-CM/PCS information.

ICD-10 was implemented on October 1, 2015, for all HIPAA-covered entities. It is an improved classification system that consists of two parts:

- International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) – The diagnosis classification system developed by the Centers for Disease Control and Prevention (CDC) for use in all United States (U.S.) health care treatment settings.
- International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) – The procedure classification system developed by CMS for use **only** in the U.S. for inpatient hospital settings.

For services furnished on or after October 1, 2015, physicians, outpatient facilities, and hospital outpatient departments should continue to use and report Current Procedural Terminology (CPT) and HCPCS codes and modifiers for physician services on Medicare Fee-For-Service claims. While ICD-10-CM diagnosis codes have expanded detail, including specification of laterality for some conditions, you should continue to follow CPT and CMS guidance when you report CPT/HCPCS modifiers for laterality.

Background (continued)

ICD-10-CM replaces ICD-9-CM diagnosis codes in all health care settings for diagnosis reporting with dates of service, or dates of discharge for inpatients, that occur on or after the compliance date.

You cannot submit claims with ICD-9-CM codes for services provided on or **after** October 1, 2015, and you cannot submit claims with ICD-10-CM codes for services provided **prior** to October 1, 2015.

To find more information about the ICD-10 compliance date, refer to the final rules located on the [CMS ICD-10 Statute and Regulations webpage](http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html) (http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html).

Benefits of ICD-10-CM

ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification are updated to be consistent with current clinical practice.

The modern classification system provides much better data needed for:

- Measuring the quality, safety, and efficacy of care
- Reducing the need for attachments when processing claims to explain the patient's condition
- Designing payment systems and processing claims for reimbursement
- Conducting research, epidemiological studies, and clinical trials
- Setting health policy

Benefits of ICD-10-CM (continued)

The modern classification system also provides much better data needed for:

- Operational and strategic planning
- Designing health care delivery systems
- Monitoring resource use
- Improving clinical, financial, and administrative performance
- Preventing and detecting health care fraud and abuse
- Tracking public health and risks

Non-specific codes are still available for use when medical record documentation does not support a more specific code.

Review Question

Select true or false.

International Classification of Diseases, 10th Revision (ICD-10) was implemented on January 1, 2016, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

- A. True
- B. False

The correct answer is B.

Lesson One: ICD-10 Basics Page 13 of 32

Review Question

Select the correct answer.

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) provides much better data for many uses. Which is **not** one of these uses?

- A. Designing health care delivery systems
- B. Extending claim timely filing requirements
- C. Measuring the quality, safety, and efficacy of care
- D. Improving clinical, financial, and administrative performance

The correct answer is B.

Lesson One: ICD-10 Basics Page 14 of 32

Similarities and Differences Between ICD-9-CM and ICD-10-CM

ICD-9-CM

ICD-9-CM diagnosis codes:

- Are 3–5 digits
- The first digit is alpha (E or V) or numeric (alpha characters are not case sensitive)
- Digits 2–5 are numeric
- A decimal is used after the third character

ICD-10-CM

ICD-10-CM diagnosis codes:

- Are 3–7 digits
- Digit 1 is alpha (all letters except U are used)
- Digit 2 is numeric
- Digits 3–7 are alpha or numeric
- A decimal is used after the third character

Note that alpha characters are not case sensitive.

Lesson One: ICD-10 Basics Page 15 of 32

Similarities and Differences Between ICD-9-CM and ICD-10-CM (continued)

ICD-10-CM uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM (for example, ICD-10-CM has the same hierarchical structure as ICD-9-CM). Primarily, changes in ICD-10-CM are in its organization, code composition, and level of detail.

Examples:

Code	Diagnosis
A78	Q fever
A69.21	Meningitis due to Lyme disease
S52.131A	Displaced fracture of neck of right radius, initial encounter for closed fracture

Lesson One: ICD-10 Basics Page 16 of 32

Similarities and Differences Between ICD-9-CM and ICD-10-CM (continued)

The ICD-10-CM is divided into:

- **An Alphabetic Index** – An alphabetical list of ICD-10-CM terms and their corresponding code or category that helps you determine which section to refer to in the Tabular List. It does not always provide the full code.
- **A Tabular List** – A chronological list of codes divided into chapters based on body system or condition.

We'll learn how to find the correct ICD-10-CM code using the Alphabetic Index and Tabular List in Lesson Three.

Review Question

Select true or false.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is divided into an Alphabetic Index and a Tabular List.

- A. True
- B. False

The correct answer is A.

Review Question

Select the correct answer.

The first digit of an International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code is:

- A. Alpha
- B. Numeric
- C. Alpha or numeric
- D. Variable

The correct answer is A.

Where to Find ICD-10-CM Codes and Guidelines

ICD-10-CM codes are available in both electronic and hard copy format.

You can access ICD-10-CM codes electronically on the National Center for Health Statistics (NCHS), [Centers for Disease Control and Prevention website \(http://www.cdc.gov/nchs/icd/icd10cm.htm\)](http://www.cdc.gov/nchs/icd/icd10cm.htm).

Hard copy code books are available from code book publishers.

Where to Find ICD-10-CM Codes and Guidelines (continued)

The Centers for Medicare & Medicaid Services (CMS) and National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), provide the “ICD-10-CM Official Guidelines for Coding and Reporting” for coding and reporting using ICD-10-CM. These guidelines are a set of rules that accompany and complement the official conventions and instructions provided within ICD-10-CM. Conventions are the general rules for use of the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of ICD-10-CM as instructional notes.

You can download and print the “ICD-10-CM Official Guidelines for Coding and Reporting” on the [CDC ICD-10-CM webpage](http://www.cdc.gov/nchs/icd/icd10cm.htm) (<http://www.cdc.gov/nchs/icd/icd10cm.htm>) and at <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf>.

The “Using the ICD-10-CM” job aid features more information on ICD-10-CM coding conventions. To access the job aid, click the Job Aid button or select the Reference button at the top of any course page.

Coding Conventions

Next, let’s review 7th character, abbreviations, punctuation, and additional coding conventions used in ICD-10-CM.

7th Character

Several chapters in ICD-10-CM (such as Obstetrics, Injury, Musculoskeletal, and External Cause) use the 7th character. It is required for all codes within the chapter or as notes in the Tabular List instruct.

The 7th character has a different meaning depending on the section where it is used. For example, in the Injury and External Cause sections, it classifies an initial encounter, subsequent encounter, or sequela (late effect). 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.

The 7th character must always be the 7th character in the data field. When it applies, codes missing this character are invalid. Character “x” is used as a placeholder in ICD-

10-CM in certain codes to allow for future expansion and fill in empty characters when a code that is less than 6 characters in length requires a 7th character. We'll learn more about character "x" in Lesson Two.

Lesson One: ICD-10 Basics Page 22 of 32

Coding Conventions (continued)

Abbreviations

The official guidelines identify two key abbreviations used in ICD-10-CM:

- **NEC (Not Elsewhere Classifiable):** Represents "other specified." When a specific code is not available for a condition, the Alphabetic Index directs you to the "other specified" code in the Tabular List. When a specific code is not available for a condition, the Tabular List includes an NEC entry under a code to identify it as the "other specified" code.
- **NOS (Not Otherwise Specified):** Is the equivalent of "unspecified."

Lesson One: ICD-10 Basics Page 23 of 32

Coding Conventions (continued)

Punctuation

The official guidelines include these three punctuation symbols:

- **() Parentheses:** Used in both the Alphabetic Index and the Tabular List to enclose supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned. The terms within parentheses are called nonessential modifiers.
- **[] Brackets:** Used in the Tabular List to enclose synonyms, alternative wording, or explanatory phrases. Used in the Alphabetic Index to identify manifestation codes.
- **: Colons:** Used in the Tabular List after an incomplete term that needs one or more modifiers following the colon to make it assignable to a given category.

Coding Conventions (continued)

Additional Coding Conventions

Additional coding conventions include:

- **And:** Interpret as “and/or” when used in a code title
- **Includes Notes:** Appears immediately under certain categories to further define, clarify, or give examples of the content of a code category
- **Inclusion Terms:** Included under certain codes to indicate some of the conditions for which that code number may be used

The “Using the ICD-10-CM” job aid includes more information about ICD-10-CM coding conventions. To access the job aid, click the Job Aid button or select the Reference button at the top of any course page.

Review Question

Select the correct answer.

_____ are used in both the Alphabetic Index and the Tabular List to enclose supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned.

- A. Brackets
- B. Parentheses
- C. Colons
- D. Hyphens

The correct answer is B.

Review Question

Select true or false.

When the 7th character applies, codes missing this character are invalid.

- A. True
- B. False

The correct answer is A.

Lesson One: ICD-10 Basics Page 27 of 32

General Equivalence Mappings

Let's discuss the General Equivalence Mappings (GEMs).

The GEMs are a tool for the conversion of data from ICD-9-CM to ICD-10-CM/PCS and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM codes.

The GEMs:

- Assist with the conversion of ICD-9-CM codes to ICD-10-CM/PCS codes
- Assist with the conversion of ICD-10-CM/PCS codes back to ICD-9-CM codes
- Ensure that consistency in national data is maintained

Lesson One: ICD-10 Basics Page 28 of 32

General Equivalence Mappings (continued)

The GEMs are also known as crosswalks as they provide important information linking codes of one system with codes in the other system. The GEMs are a comprehensive translation dictionary you can use to accurately and effectively translate any ICD-9-CM-based data, including data for:

- Tracking quality
- Recording morbidity/mortality
- Calculating reimbursement
- Converting any ICD-9-CM-based application to ICD-10-CM/PCS, such as:
 - Payment systems
 - Payment and coverage edits
 - Risk adjustment logic
 - Quality measures
 - A variety of research applications involving trend data

Review Question

Select true or false.

The Food and Drug Administration created the General Equivalence Mappings (GEMs).

- A. True
- B. False

The correct answer is B.

Review Question

Select true or false.

You can use the General Equivalence Mappings (GEMs) to accurately and effectively translate any ICD-9-CM-based data, including data for calculating reimbursement.

- A. True
- B. False

The correct answer is A.

Key Concepts

Key concepts in this lesson:

- ICD-10-CM/PCS was implemented on October 1, 2015, for all HIPAA-covered entities.
- ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM.
- ICD-10-CM is divided into an Alphabetic Index and a Tabular List.
- The “ICD-10-CM Official Guidelines for Coding and Reporting” are a set of rules that accompany and complement the official conventions and instructions provided within ICD-10-CM.

- Conventions are the general rules for use of the classification independent of the guidelines and are incorporated within the Alphabetic Index and Tabular List of ICD-10-CM as instructional notes.
- The GEMs are a tool that assist with the conversion of ICD-9-CM codes to ICD-10-CM/PCS codes and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM codes.

Lesson One: ICD-10 Basics Page 32 of 32

Conclusion

You have now completed Lesson One: ICD-10 Basics. Click Continue to return to the Course Menu. Then, select Lesson Two: Features of ICD-10-CM. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

Lesson Two: Features of ICD-10-CM Page 1 of 29

In this lesson, we'll learn about new features in International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), additional changes in ICD-10-CM, and use of external cause and unspecified codes.

Lesson Objectives

After completing this lesson you should be able to correctly:

- Identify new features in ICD-10-CM

This lesson will take approximately 15 minutes to complete.

Lesson Two: Features of ICD-10-CM Page 2 of 29

New Features in ICD-10-CM

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) includes these new features:

- Laterality
- Combination codes for certain conditions and common associated symptoms and manifestations
- Combination codes for poisonings and their associated external cause
- Obstetrics codes that identify trimester instead of episode of care

- Character “x” is used as a placeholder in certain codes
- Excludes Notes
- Clinical concepts that do not exist in International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
- Significantly expanded codes

Lesson Two: Features of ICD-10-CM Page 3 of 29

New Features in ICD-10-CM (continued)

Laterality

Some ICD-10-CM codes indicate the condition’s laterality and some codes indicate if the condition is bilateral. Laterality specifies whether a condition occurs on the left or right side of the body or an organ or gland or specifies that it is bilateral. Bilateral indicates a condition that affects both the left and right sides of the body or an organ or gland.

If the condition is bilateral and no bilateral ICD-10-CM code is provided, assign separate codes for both the left and right side. If the medical record does not identify the side, assign the code for the unspecified side.

This chart provides some examples of laterality.

Code	Diagnosis
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
H16.013	Central corneal ulcer, bilateral
L89.012	Pressure ulcer of right elbow, stage 2

Lesson Two: Features of ICD-10-CM Page 4 of 29

New Features in ICD-10-CM (continued)

Combination Codes for Certain Conditions and Common Associated Symptoms and Manifestations

ICD-10-CM includes combination codes for certain conditions and common associated symptoms and manifestations.

A combination code is a single code used to classify:

- Two diagnoses
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication

Combination codes are identified by:

- Referring to subterm entries in the ICD-10-CM Alphabetic Index
- Reading the Inclusion and Exclusion Notes in the Tabular List

Subterms appear indented under the main terms listed in the ICD-10-CM Alphabetic Index. Inclusion and Exclusion Notes are notes included under certain ICD-10-CM codes to indicate conditions for which the code may or may not be used.

Lesson Two: Features of ICD-10-CM Page 5 of 29

New Features in ICD-10-CM (continued)

Combination Codes for Certain Conditions and Common Associated Symptoms and Manifestations (continued)

You should assign a combination code only when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

You should not use multiple coding when a combination code is provided that clearly identifies all of the elements documented in the diagnosis.

When the combination code lacks necessary specificity in describing the manifestation or complication, you should use an additional code as a secondary code.

This chart provides some examples of combination codes for certain conditions.

Code	Diagnosis
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

New Features in ICD-10-CM (continued)

Combination Codes for Poisonings and Their Associated External Cause

ICD-10-CM features combination codes for poisonings and their associated external cause. These codes identify both the substance that was taken and the intent.

No additional external cause code is required for poisonings, toxic effects, adverse effects, and underdosing codes. Underdosing is taking less of a medication than is prescribed by a health care provider or a manufacturer's instruction.

This chart provides an example of a combination code for poisonings.

Code	Diagnosis
T42.3x2S	Poisoning by barbiturates, intentional self-harm, sequela

New Features in ICD-10-CM (continued)

Obstetric Codes That Identify Trimester Instead of Episode of Care

You may report the trimester of pregnancy if the condition can occur in more than one trimester. The trimester is reflected in the final character of the code.

If trimester is not a component of a code, it is because the condition always occurs in a specific trimester or the concept of trimester of pregnancy is not applicable. Certain ICD-10-CM codes have characters for only certain trimesters because the condition does not occur in all trimesters, but it may occur in more than just one.

Each category that includes codes for trimester has a code for unspecified trimester. You should rarely use the unspecified trimester code. You may use it when the documentation in the record is insufficient to determine the trimester and you cannot obtain clarification.

This chart provides an example of an obstetric code that identifies trimester.

Code	Diagnosis
O26.02	Excessive weight gain in pregnancy, second trimester

Lesson Two: Features of ICD-10-CM Page 8 of 29

Review Question

Select the correct answer.

Some International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes identify laterality, which specifies whether the condition:

- A. Occurs on the upper or lower body
- B. Occurs on the left or right side of the body or an organ or gland or specifies that it is bilateral
- C. Affects the cardiovascular system
- D. Affects only internal organs

The correct answer is B.

Lesson Two: Features of ICD-10-CM Page 9 of 29

Review Question

Select true or false.

One way to identify combination codes is to refer to subterm entries in the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Tabular List.

- A. True
- B. False

The correct answer is B.

Lesson Two: Features of ICD-10-CM Page 10 of 29

Review Question

Select true or false.

The trimester of pregnancy is reflected in the second character of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code.

- A. True
- B. False

The correct answer is B.

Lesson Two: Features of ICD-10-CM Page 11 of 29

New Features in ICD-10-CM (continued)

Character “x” Used as a Placeholder in Certain Codes

ICD-10-CM uses a character “x” as a placeholder in certain codes to:

- Allow for future expansion
- Fill in other empty characters when a code less than 6 characters in length requires a 7th character

If a placeholder exists, you must use “x” for the code to be considered a valid.

This chart provides some examples of using character “x” as a placeholder.

Code	Diagnosis
T46.1 <u>x</u> 5A	Adverse effect of calcium-channel blockers, initial encounter
T15.02 <u>x</u> D	Foreign body in cornea, left eye, subsequent encounter

Lesson Two: Features of ICD-10-CM Page 12 of 29

New Features in ICD-10-CM (continued)

Excludes Notes

ICD-10-CM has two types of Excludes Notes: Excludes 1 and Excludes 2. Excludes Notes indicate that codes excluded from each other are independent of each other. Each note has a different definition for use; however, they are similar because they both indicate that codes excluded from each other are independent of each other.

New Features in ICD-10-CM (continued)

Excludes Notes (continued)

Excludes 1 Note

An Excludes 1 Note indicates that the code excluded should never be used with the code where the note is located because the two conditions cannot occur together. You should not report both codes.

The Excludes 1 Note in this example shows that the codes under this category describing a congenital form of a disease cannot be reported with the code for the acquired form of the same condition. Codes Q03.8 and Q03.9 describing congenital forms of hydrocephalus cannot be reported with the code for acquired hydrocephalus.

Category	Description & Diagnosis Codes
Q03	Congenital hydrocephalus Excludes 1: acquired hydrocephalus (G91.-) Q03.8 Other congenital hydrocephalus Q03.9 Congenital hydrocephalus, unspecified

We'll learn about an Excludes 1 Note exception in Lesson Four.

New Features in ICD-10-CM (continued)

Excludes Notes (continued)

Excludes 2 Note

An Excludes 2 Note indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together. You can report both codes to capture both conditions.

The Excludes 2 Note in this example shows that the code for dermatitis due to ingested food can also be reported with the code for dermatitis due to food in contact with skin.

Code	Diagnosis
L27.2	Dermatitis due to ingested food Excludes 2: dermatitis due to food in contact with skin (L23.6, L24.6, L25.4)

Lesson Two: Features of ICD-10-CM Page 15 of 29

New Features in ICD-10-CM (continued)

Excludes Notes (continued)

Additional Excludes Notes Examples

Let's review two additional Excludes Notes examples.

Excludes 1 Note Example:

The Excludes 1 Note in this example lists the codes that cannot be reported under the category for type 1 diabetes mellitus because the two conditions cannot occur together. These include the codes for diabetes mellitus due to an underlying condition, gestational diabetes, and type 2 diabetes mellitus. In this example, code E10.10 describing type 1 diabetes mellitus with ketoacidosis without coma cannot be reported with the codes listed in the Excludes 1 Note.

Category	Description & Diagnosis Codes
E10	<p>Type 1 Diabetes mellitus</p> <p>Excludes 1: diabetes mellitus due to underlying condition (E08.-) drug or chemical induced diabetes mellitus (E09.-) gestational diabetes (O24.4-) hyperglycemia NOS (Not Otherwise Specified) [R73.9] neonatal diabetes mellitus (P70.2) postpancreatectomy diabetes mellitus (E13.-) postprocedural diabetes mellitus (E13.-) secondary diabetes mellitus NEC (E13.-) type 2 diabetes mellitus (E11.-)</p> <p>E10.1 Type 1 diabetes mellitus with ketoacidosis</p> <p>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma</p>

Excludes 2 Note Example:

The Excludes 2 Note in this example lists the codes that can also be reported with the codes under this category for benign neoplasm of breast because the conditions excluded are not part of the condition represented by the code. Both codes may be reported together if the patient has both conditions. These include the codes for adenofibrosis of breast, benign cyst of breast, and fibrocystic disease of breast. In this example, code D24.1 describing a benign neoplasm of the right breast can be reported with the codes listed in the Excludes 2 Note.

Category	Description & Diagnosis Codes
D24	Benign neoplasm of breast Excludes 2: adenofibrosis of breast (N60.2) benign cyst of breast (N60.-) benign mammary dysplasia (N60.-) benign neoplasm of skin of breast (D22.5, D23.5) fibrocystic disease of breast (N60.-) D24.1 Benign neoplasm of right breast

Lesson Two: Features of ICD-10-CM Page 16 of 29

Review Question

Select true or false.

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) uses a character “x” as a placeholder in certain codes to allow for future expansion and fill in other empty characters when a code less than 6 characters in length requires a 7th character.

- A. True
- B. False

The correct answer is A.

Lesson Two: Features of ICD-10-CM Page 17 of 29

Review Question

Select true or false.

An Excludes 2 Note indicates that the code excluded should never be used with the code where the note is located.

- A. True
- B. False

The correct answer is B.

Lesson Two: Features of ICD-10-CM Page 18 of 29

New Features in ICD-10-CM (continued)

Clinical Concepts That Do Not Exist in ICD-9-CM

ICD-10-CM includes clinical concepts that do not exist in ICD-9-CM, such as:

- Underdosing
- Blood type
- Blood alcohol level

This chart provides some examples of clinical concepts that do not exist in ICD-9-CM.

Code	Diagnosis
T45.526D	Underdosing of antithrombotic drugs, subsequent encounter
Z67.40	Type O blood, Rh positive
Y90.6	Blood alcohol level of 120 – 199 mg/100 ml

Lesson Two: Features of ICD-10-CM Page 19 of 29

New Features in ICD-10-CM (continued)

Significantly Expanded Codes

A number of codes are significantly expanded, including codes for:

- Injuries
- Diabetes
- Substance abuse

- Postoperative (occurring after a surgical operation) complications

This chart provides some examples of significantly expanded codes.

Code	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
F10.182	Alcohol abuse with alcohol-induced sleep disorder
T82.02xA	Displacement of heart valve prosthesis, initial encounter

Lesson Two: Features of ICD-10-CM Page 20 of 29

New Features in ICD-10-CM (continued)

Significantly Expanded Codes (continued)

A distinction is made between intraoperative (occurring or encountered during the course of surgery) complications and postprocedural (occurring after a procedure) disorders occurring after a procedure.

This chart provides some examples of expanded codes for postoperative complications.

Code	Diagnosis
D78.01	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen
D78.21	Postprocedural hemorrhage of the spleen following a procedure on the spleen

Lesson Two: Features of ICD-10-CM Page 21 of 29

Additional Changes in ICD-10-CM

Additional changes that can be found in ICD-10-CM are:

- Injuries are grouped by anatomical site rather than type of injury
- Category restructuring and code reorganization occur in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM
- Certain diseases are reclassified to different chapters or sections to reflect current medical knowledge
- New code definitions (for example, definition of acute myocardial infarction is now 4 weeks rather than 8 weeks)
- The ICD-10-CM codes that correspond to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main ICD-10-CM classification (they are separated into supplementary classifications in ICD-9-CM)

Lesson Two: Features of ICD-10-CM Page 22 of 29

Review Question

Select true or false.

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes include a clinical concept for blood alcohol level.

- A. True
- B. False

The correct answer is A.

Lesson Two: Features of ICD-10-CM Page 23 of 29

Review Question

Select true or false.

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) groups injuries by type of injury rather than anatomical site.

- A. True
- B. False

The correct answer is B.

Lesson Two: Features of ICD-10-CM Page 24 of 29

Use of External Causes of Morbidity Codes in ICD-10-CM

Similar to ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless you are subject to a State-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10-CM codes found in Chapter 20 of the ICD-10-CM, External Causes of Morbidity. If you have not been reporting ICD-9-CM external cause codes, you will not be required to report ICD-10-CM codes found in Chapter 20 unless a new State or payer-based requirement on the reporting of these codes is instituted. If such a requirement is instituted, it would be independent of ICD-10-CM implementation. In the absence of a mandatory reporting requirement, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

Lesson Two: Features of ICD-10-CM Page 25 of 29

Use of Sign/Symptom and Unspecified Codes in ICD-10-CM

In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined). In fact, you should report unspecified codes when such codes most accurately reflect what is known about the patient's condition at the time of that particular encounter. It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code.

Lesson Two: Features of ICD-10-CM Page 26 of 29

Review Question

Select true or false.

In the absence of a mandatory reporting requirement, you may voluntarily report external cause codes as they provide valuable data for injury research and evaluation of injury prevention strategies.

- A. True
- B. False

The correct answer is A.

Lesson Two: Features of ICD-10-CM Page 27 of 29

Review Question

Select the correct answer.

If a definitive diagnosis has not been established by the end of the encounter, you should:

- A. Report codes for signs/symptom(s) in lieu of a definitive diagnosis
- B. Report a specific code that is not supported by medical record documentation but closely matches the patient's symptoms
- C. Conduct medically unnecessary diagnostic testing to determine a specific code
- D. Leave the code blank until you have more information

The correct answer is A.

Lesson Two: Features of ICD-10-CM Page 28 of 29

Key Concepts

Key concepts in this lesson:

- Some ICD-10-CM codes indicate the condition's laterality and some codes indicate if the condition is bilateral.
- ICD-10-CM includes combination codes for certain conditions and common associated symptoms and manifestations.
- If a condition can occur in more than one trimester, you may report the trimester of pregnancy in the final character of the ICD-10-CM code.
- ICD-10-CM has two types of Excludes Notes, which are similar because they both indicate that codes excluded from each other are independent of each other
- ICD-10-CM includes clinical concepts, such as underdosing, blood type, and blood alcohol level.

- ICD-10-CM uses character “x” as a placeholder in certain codes to allow for future expansion and fill in other empty characters when a code less than 6 characters in length requires a 7th character.
- You are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.
- If a definitive diagnosis has not been established, you should report unspecified codes when such codes most accurately reflect what is known about the patient’s condition at the time of that particular encounter.

Lesson Two: Features of ICD-10-CM Page 29 of 29

Conclusion

You have now completed Lesson Two: Features of ICD-10-CM. Click Continue to return to the Course Menu. Then, select Lesson Three: Coding Examples. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

Lesson Three: Coding Examples Page 1 of 20

In this lesson, we’ll learn about the Alphabetic Index, Tabular List, and determining the correct International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code.

Lesson Objectives

After completing this lesson you should be able to correctly:

- Recognize how to determine the correct ICD-10-CM code

This lesson will take approximately 20 minutes to complete.

Lesson Three: Coding Examples Page 2 of 20

Alphabetic Index

As we learned in Lesson One, International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is divided into an Alphabetic Index and a Tabular List.

The Alphabetic Index is an alphabetical list of ICD-10-CM terms and their corresponding code or category that helps you determine which section to refer to in the Tabular List. It

does not always provide the full code. The Tabular List is a chronological list of codes divided into chapters based on body system or condition.

The Alphabetic Index has these parts:

- Index to Diseases and Injury
- Table of Neoplasms
- Table of Drugs and Chemicals
- Index to External Causes of Injury

Main Terms and Subterms

The Alphabetic Index is sequenced alphabetically by main terms, which are key words from the medical records. Always search for a code in the Alphabetic Index by main terms, which are based on:

- Diagnosis
- Symptom
- Condition

Lesson Three: Coding Examples Page 3 of 20

Alphabetic Index (continued)

As we learned in Lesson Two, subterms are indented and listed alphabetically under the main term and further define the main term. There may also be terms indented under subterms that define a condition in even greater detail.

Below is an example from the Alphabetic Index. The main term, Glioblastoma, appears in alphabetical order within the index. Indented subterms are included below the main term, as shown by dashes (-).

Glioblastoma (multiforme)

- with sarcomatous component
- - specified site —see *Neoplasm, malignant, by site*
- - unspecified site C71.9
- giant cell
- - specified site —see *Neoplasm, malignant, by site*
- - unspecified site C71.9
- specified site —see *Neoplasm, malignant, by site*
- unspecified site C71.9

Alphabetic Index (continued)

Table of Neoplasms

The Table of Neoplasms provides the proper code based on histology of the neoplasm and site. Neoplasm refers to a new, often uncontrolled growth of abnormal tissue. The table identifies the neoplasm first by anatomical site. For each site, the table further identifies the code based on one of six categories.

The six categories are:

Malignant Categories:

- Malignant, PRIMARY: Identifies the site of the original neoplasm.
- Malignant, SECONDARY: Identifies a secondary cancerous neoplasm site. Use for all secondary cancers, even if the primary malignancy has been arrested.
- Malignant, CA IN SITU: Identifies cancerous neoplasms that are confined or noninvasive.

Other Categories:

- Benign: Identifies a neoplasm that is non-cancerous.
- Uncertain Behavior: The tumor has characteristics of a neoplasm, but there is not enough evidence to determine malignancy. The behavior of the neoplasm is unpredictable and needs further investigation by a physician.
- Unspecified: Indeterminate or unknown where the tumor began because so many changes have occurred, or the nature is unknown pending lab results.

Table of Drugs and Chemicals

The Table of Drugs and Chemicals lists the drug, specific codes that identify the drug, and the intent. It also lists industrial solvents, corrosive gases, noxious plants, pesticides, and other toxic agents. You should use this table to identify poisonings and external causes of adverse effects. No additional external cause of injury and poisoning code is assigned in ICD-10-CM.

Alphabetic Index (continued)

Default Codes

When the ICD-10-CM Alphabetic Index lists a code next to a main term, it is called a default code, which:

- Represents the condition most commonly associated with the main term or
- Indicates that it is the unspecified code for the condition

You should assign a default code if a condition is documented in a medical record without any additional information, such as acute or chronic.

In the Alphabetic Index example below, the default code for Lumbago, lumbalgia is M54.5.

Lumbago, lumbalgia M54.5

- with sciatica M54.4-
- - due to intervertebral disc disorder M51.17
- due to displacement, intervertebral disc M51.27
- - with sciatica M51.17

Lesson Three: Coding Examples Page 6 of 20

Tabular List

The Tabular List is presented in code number order. Since all ICD-10-CM codes start with a letter, all code categories are in alphabetical order according to the first characters.

Below is an example from the Tabular List.

R18 Ascites

Includes: fluid in peritoneal cavity

Excludes 1: ascites in alcoholic cirrhosis (K70.31)

ascites in alcoholic hepatitis (K70.11)

ascites in toxic liver disease with chronic active hepatitis (K71.51)

R18.0 Malignant ascites

Code first malignancy, such as:

malignant neoplasm of ovary (C56.-)

secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)

R18.8 Other ascites

Ascites NOS

Peritoneal effusion (chronic)

Lesson Three: Coding Examples Page 7 of 20

Review Question

Select true or false.

The Tabular List includes the Index to Diseases and Injury and the Index to External Causes of Injury.

- A. True
- B. False

The correct answer is B.

Lesson Three: Coding Examples Page 8 of 20

Review Question

Select true or false.

The default code in the Alphabetic Index represents the condition most commonly associated with the main term or indicates that it is the unspecified code for the condition.

- A. True
- B. False

The correct answer is A.

Lesson Three: Coding Examples Page 9 of 20

Determining the Correct ICD-10-CM Code

To determine the correct ICD-10-CM code, follow these steps:

- **Step 1:** Look up the term in the Alphabetic Index
- **Step 2:** Verify the code in the Tabular List

The Alphabetic Index helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

Important Coding Tips:

- Use the Tabular List to select the full code, including laterality and any applicable 7th character.
- A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. You can find these characters in the Tabular List.

Lesson Three: Coding Examples Page 10 of 20

Determining the Correct ICD-10-CM Code (continued)

Coding Example 1

Now we'll review six examples that explain how to determine a correct ICD-10-CM code. You can also access these coding examples in the "Using the ICD-10-CM" job aid. To access the job aid, click the Job Aid button or select the Reference button at the top of any course page.

Diagnosis: Chronic obstructive pulmonary disease

Click the Alphabetic Index and Tabular List tabs to determine the correct ICD-10-CM code for this diagnosis.

Alphabetic Index

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Disease, diseased (see also Syndrome)

pulmonary – see also Disease, lung

chronic obstructive J44.9

with

acute bronchitis J44.0

exacerbation (acute) J44.1

lower respiratory infection (acute) J44.0

J44.9 is listed as the code for chronic obstructive pulmonary disease. Next, verify this code in the Tabular List

Tabular List

STEP 2: Verify the code J44.9 in the Tabular List.

J44 Other chronic obstructive pulmonary disease

Includes: asthma with chronic obstructive pulmonary disease

chronic asthmatic (obstructive) bronchitis
chronic bronchitis with airways obstruction
chronic bronchitis with emphysema
chronic emphysematous bronchitis
chronic obstructive asthma
chronic obstructive bronchitis
chronic obstructive tracheobronchitis

J44.9 Chronic obstructive pulmonary disease, unspecified

Chronic obstructive airway disease NOS (Not Otherwise Specified)

Chronic obstructive lung disease NOS

J44.9 is shown as the code for chronic obstructive pulmonary disease, unspecified.

Code Assignment for this Diagnosis: J44.9

Determining the Correct ICD-10-CM Code (continued)

Coding Example 2

Diagnosis: Type I Diabetes Mellitus with Diabetic Nephropathy

Alphabetic List

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Diabetes, diabetic (mellitus) (sugar) E11.9

type 1 E10.9

with

nephropathy E10.21

The term includes a subterm indicating Type 1 diabetes with specific codes for diabetes-related conditions. The code for Type 1 diabetes mellitus with diabetic nephropathy is listed as E10.21. Next, verify this code in the Tabular List.

Tabular List

STEP 2: Verify the code E10.21 in the Tabular List.

E10 Type 1 diabetes mellitus

E10.2 Type 1 diabetes mellitus with kidney complications

E10.21 Type 1 diabetes mellitus with diabetic nephropathy

Type 1 diabetes mellitus with intercapillary glomerulosclerosis

Type 1 diabetes mellitus with intracapillary glomerulonephrosis

Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

Code E10.21 is shown for Type 1 diabetes mellitus with diabetic nephropathy.

Code Assignment for this Diagnosis: E10.21

Lesson Three: Coding Examples Page 12 of 20

Determining the Correct ICD-10-CM Code (continued)

Coding Example 3

Diagnosis: Acute cystitis with hematuria

Alphabetic Index

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Cystitis (exudative) (hemorrhagic) (septic) (suppurative) N30.90

acute N30.00

with hematuria N30.01

Code N30.01 is shown as the code for acute cystitis with hematuria. Next, verify this code in the Tabular List.

Tabular List

STEP 2: Verify the code N30.01 in the Tabular List.

N30 Cystitis

Use additional code to identify infectious agent (B95-97)

N30.0 Acute cystitis

Excludes 1: irradiation cystitis (N30.4-)

trigonitis (N30.3-)

N30.00 Acute cystitis without hematuria

N30.01 Acute cystitis with hematuria

Code N30.01 is shown for acute cystitis with hematuria. The instructional note under N30 indicates that you can assign an additional code to identify the infectious agent if the provider documented this information.

Code Assignment for this Diagnosis: N30.01

Lesson Three: Coding Examples Page 13 of 20

Determining the Correct ICD-10-CM Code (continued)

Coding Example 4

Alphabetic Index

Diagnosis: Pneumonia

STEP 1: Look up the term for this diagnosis in the Alphabetic Index.

Pneumonia (acute) (double) (migratory) (septic) (unresolved) J18.9

Next, verify this code in the Tabular List.

Tabular List

STEP 2: Verify the code J18.9 in the Tabular List.

J18 Pneumonia, unspecified organism

Code first associated influenza, if applicable (J09.x1-, J09.11-, J10.0-, J11.0-)

J18.9 Pneumonia, unspecified organism

J18.9 is shown as the code for pneumonia, unspecified organism.

Code Assignment for this Diagnosis: J18.9

Lesson Three: Coding Examples Page 14 of 20

Determining the Correct ICD-10-CM Code (continued)

Coding Example 5

Diagnosis: Fracture of left wrist, initial encounter

Alphabetic Index

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Fracture, traumatic

wrist, S62.10–

carpal – See *Fracture, carpal bone*

S62.10– is shown as the code for a wrist fracture. The code features a dash (–) which indicates that additional characters are required. Next, verify this code in the Tabular List.

Tabular List

STEP 2: Verify the code S62.10– in the Tabular List.

S62 Fracture at wrist and hand level

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced

A fracture not indicated as open or closed should be coded to closed

The appropriate 7th character is to be added to each code from category S62.

A initial encounter for closed fracture

B initial encounter for open fracture

D subsequent encounter for fracture with routine healing

G subsequent encounter for fracture with delayed healing

K subsequent encounter for fracture with nonunion

P subsequent encounter for fracture with malunion

S sequela

S62.10 Fracture of unspecified carpal bone

Fracture of wrist NOS

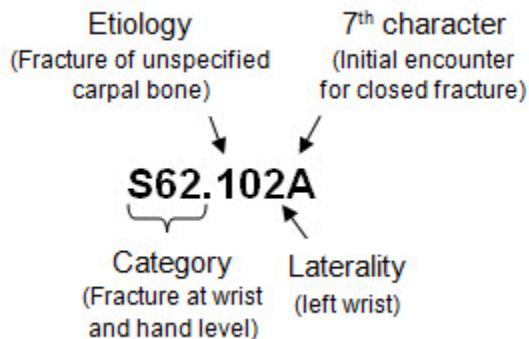
S62.101 Fracture of unspecified carpal bone, right wrist

S62.102 Fracture of unspecified carpal bone, left wrist

S62.109 Fracture of unspecified carpal bone, unspecified wrist

S62.102 is shown as the code for fracture of unspecified carpal bone, left wrist. Per the instructional note, the appropriate 7th character is A, initial encounter for closed fracture, because the fracture is not indicated as open or closed.

Code Assignment for this Diagnosis: S62.102A



Lesson Three: Coding Examples Page 15 of 20

Determining the Correct ICD-10-CM Code (continued)

Coding Example 6

Now, let's review an external cause code example. As we learned in Lesson Two, you are encouraged to voluntarily report external cause codes in the absence of a mandatory reporting requirement.

Diagnosis: Injury sustained from falling down ice-covered steps, initial encounter

Alphabetic Index

STEP 1: Look up the term for the diagnosis in the Index to External Causes, which is part of the Alphabetic Index.

Fall, falling (accidental) W19
from, off, out of
stairs, steps W10.9
due to ice or snow W00.1

The index shows W00.1 for the code for falling from steps due to ice or snow. Next, verify this code in the Tabular List.

Tabular List

STEP 2: Verify the code W00.1 in the Tabular List.

W00 Fall due to ice and snow

Includes: pedestrian on foot falling (slipping) on ice and snow

The appropriate 7th character is to be added to each code from category W00.

A – initial encounter

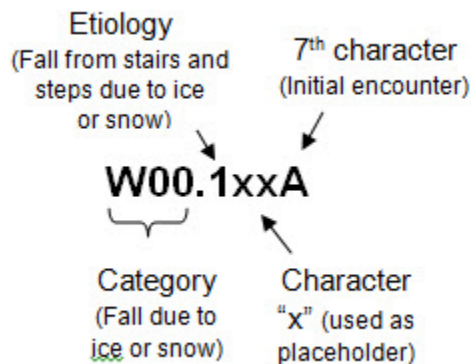
D – subsequent encounter

S – sequela

W00.1 Fall from stairs and steps due to ice and snow

W00.1 is shown as the code for fall from stairs and steps due to ice and snow. Since W00.1 only has 4 characters and A must appear in the 7th character position to indicate initial encounter, this is an example of a situation when you should use the character “x” as a placeholder. Insert “x” twice to create 6 characters and then add the 7th character, A, at the end of the code.

Code Assignment for this Diagnosis: W00.1xxA



Lesson Three: Coding Examples Page 16 of 20

Review Question

Select the correct answer.

A dash (-) at the end of an Alphabetic Index code entry indicates that:

- A. A decimal should be inserted
- B. The default code should be used
- C. The code is a combination code
- D. Additional characters are required

The correct answer is D.

Lesson Three: Coding Examples Page 17 of 20

Review Question

Select true or false.

To select the full code, including laterality and any applicable 7th character, you must use the Tabular List.

- A. True
- B. False

The correct answer is A.

Lesson Three: Coding Examples Page 18 of 20

Review Question

Select the correct answer.

Select the correct code for a diagnosis of anxiety reaction using this information:

Alphabetic Index

Anxiety F41.9

- depression F41.8
- episodic paroxysmal F41.0
- generalized F41.1
- hysteria F41.8
- neurosis F41.1
- panic type F41.0
- reaction F41.1
- separation, abnormal (of childhood) F93.0

specified NEC F41.8
state F41.1

Tabular List

F41 Other anxiety disorders

F41.0 Panic disorder [episodic paroxysmal anxiety] without agoraphobia

panic attack
panic state

F41.1 Generalized anxiety disorder

anxiety neurosis
anxiety reaction
anxiety state
overanxious disorder

F41.8 Other specified anxiety disorders

anxiety depression (mild or not persistent)
anxiety hysteria
mixed anxiety and depressive disorder

F41.9 Anxiety disorder, unspecified

anxiety NOS

- A. F41.0
- B. F41.1
- C. F41.8
- D. F41.9

The correct answer is B.

Lesson Three: Coding Examples Page 19 of 20

Key Concepts

Key concepts in this lesson:

- The parts of the ICD-10-CM Alphabetic Index are the Index to Diseases and Injury, Table of Neoplasms, Table of Drugs and Chemicals, and Index to External Causes of Injury.
- The Alphabetic Index is sequenced alphabetically by main terms based on diagnosis, symptom, and condition.
- Default codes represent the condition most commonly associated with the main term or indicate that it is the unspecified code for the condition.

- The Tabular List is presented in code number order. Since all ICD-10-CM codes start with a letter, all code categories are in alphabetical order according to the first characters.
- To determine the correct ICD-10-CM code, look up the term in the Alphabetic Index and then verify the code in the Tabular List.
- Use the Tabular List to select the full code, including laterality and any applicable 7th character.
- A dash (-) at the end of an Alphabetic Index code entry indicates that additional characters are required. You can find these characters in the Tabular List.

Lesson Three: Coding Examples Page 20 of 20

Conclusion

You have now completed Lesson Three: Coding Examples. Click Continue to return to the Course Menu. Then, select Lesson Four: ICD-10 Coding Tips, Information, and Resources. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 1 of 27

In this lesson, we'll learn about International Classification of Diseases, 10th Revision (ICD-10) coding tips, information, and resources available on the Centers for Medicare & Medicaid Services (CMS) website.

Lesson Objectives

After completing this lesson you should be able to correctly:

- Recognize ICD-10 coding tips
- Identify ICD-10 information and resources

This lesson will take approximately 15 minutes to complete.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 2 of 27

Coding Guidelines

Let's review some coding guidelines based on the "ICD-10-CM Official Guidelines for Coding and Reporting." To ensure correct coding, follow these guidelines, which are

available on the [CDC ICD-10-CM webpage \(http://www.cdc.gov/nchs/icd/icd10cm.htm\)](http://www.cdc.gov/nchs/icd/icd10cm.htm) and at <https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html>:

- **Level of detail in coding:** You should use and report diagnosis codes at their highest number of characters available. A code is invalid if it is not coded to the full number of characters required for that code, including the 7th character, if applicable.
- **Conditions that are an integral part of a disease process:** You should not assign signs and symptoms routinely associated with a disease process as additional codes, unless otherwise instructed by the classification.
- **Conditions that are not an integral part of a disease process:** You should code additional signs and symptoms that are not routinely associated with a disease process when they are present.
- **Multiple coding for a single condition:** You should assign a secondary code from the “Use additional code” notes in the Tabular List when a secondary code is useful to fully describe a single condition.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 3 of 27

Coding Guidelines (continued)

Additional correct coding guidelines:

- **Acute and chronic conditions:** You should code both conditions and sequence the acute (subacute) code first if the same condition is described as both acute (subacute) and chronic and separate subentries exist in the Alphabetic Index at the same indentation level.
- **Reporting same diagnosis code more than once:** You should report each unique ICD-10-CM diagnosis code only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.
- **Syndromes:** You should follow Alphabetic Index guidance when coding syndromes. In the absence of Alphabetic Index guidance, you should assign codes for the documented manifestations of the syndrome.
- **Documentation of complications of care:** You should base code assignment on documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification.
- **Borderline diagnosis:** If a borderline diagnosis is documented at the time of discharge, you should code the diagnosis as confirmed, unless the classification provides a specific entry (for example, borderline diabetes).

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 4 of 27

Common ICD-10 Coding Errors

Common ICD-10 coding errors cause rejected claims, denials, and claims that you will need to resubmit. These coding errors include:

- Incorrect Usage of Numbers and Letters
 - The number “0” is often confused with the uppercase letter “O”
 - Number “1” is often confused with the lowercase letter “l”
- Incomplete records or codes associated with wrong patient
- Omission of specificity and laterality in codes

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 5 of 27

Excludes 1 Note Exception

As we learned in Lesson Two, Excludes Notes indicate that codes excluded from each other are independent of each other.

An Excludes 1 Note is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. You should not report both codes.

An exception to the Excludes 1 Note definition is when the two conditions are unrelated to each other.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 6 of 27

Excludes 1 Note Exception (continued)

Click the tabs to review two examples that show the exception to the Excludes 1 definition when two conditions are unrelated to each other.

Example 1:

Code F45.8, Other somatoform disorders, has an Excludes 1 Note for sleep related teeth grinding (G47.63) because teeth grinding is an inclusion term under F45.8. You should assign only one of these two codes for teeth grinding. However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other, therefore, you should report F45.8 and G47.63 together.

Code	Diagnosis
F45.8	Other somatoform disorders Psychogenic dysmenorrhea Psychogenic dysphagia, including 'globus hystericus' Psychogenic pruritus Psychogenic torticollis Somatoform autonomic dysfunction Teeth grinding Excludes 1: sleep related teeth grinding (G47.63)

Example 2:

Code range I60-I69 (Cerebrovascular Diseases) has an Excludes 1 Note for traumatic intracranial hemorrhage (S06.-). You should not use codes in range I60-I69 for a diagnosis of traumatic intracranial hemorrhage. However, if the patient has both a current traumatic intracranial hemorrhage and sequela from a previous stroke, you should assign a code from both S06- and I69-.

Code	Diagnosis
(I60-I69)	Cerebrovascular diseases Excludes 1: transient cerebral ischemic attacks and related syndromes (G45.-) traumatic intracranial hemorrhage (S06.-)

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 7 of 27

Coding Bilateral Conditions Treated During Separate Encounters

You should assign the bilateral code when a patient has a bilateral condition and each side is treated during separate encounters (because the condition still exists on both sides), including for the encounter to treat the first side.

You should assign the appropriate unilateral code for the side where the condition still exists for the second treatment encounter after one side has been previously treated and the condition no longer exists on that side (for example, cataract surgery performed on each eye in separate encounters).

You should not assign the bilateral code for the subsequent encounter because the patient no longer has the condition in the previously-treated site.
You should assign the bilateral code if the treatment on the first side did not completely resolve the condition.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 8 of 27

Review Question

Select the correct answer.

Which one of these is not a common International Classification of Diseases, 10th Revision (ICD-10) coding error?

- A. Confusing the number "0" with the uppercase letter "O"
- B. Confusing the number "1" with the lowercase letter "l"
- C. Including specificity and laterality in codes
- D. Incomplete records

The correct answer is C.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 9 of 27

Review Question

Select true or false.

You should always assign additional codes for signs and symptoms routinely associated with a disease process.

- A. True
- B. False

The correct answer is B.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 10 of 27

Review Question

Select true or false.

An exception to the Excludes 1 Note definition is when two conditions are unrelated to each other.

- A. True
- B. False

The correct answer is A.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 11 of 27

ICD-10 Information and Resources

The CMS Website

The left-hand menu of the [CMS ICD-10 webpage](http://www.cms.gov/Medicare/Coding/ICD10/index.html) (<http://www.cms.gov/Medicare/Coding/ICD10/index.html>) provides links to ICD-10 information and resources:

- Latest news
- ICD-10 Ombudsman and ICD-10 Coordination Center (ICC)
- CMS ICD-10 industry email updates
- Provider resources
- Medicare Fee-For-Service (FFS) resources
- State Medicaid ICD-10 readiness
- Payer resources
- Vendor resources
- Statute and regulations
- ICD-10-CM/PCS Frequently Asked Questions
- CMS Sponsored ICD-10 teleconferences

Payers are commercial organizations, Medicaid, Medicare, Pharmacy Benefit Management, Indian Health Services, Veteran's Administration, Military, other government providers, and voluntarily compliant entities such as Coordination of Benefits Contractors.

Vendors are organizations comprised of billing services; clearinghouses; electronic health record, electronic medical record, and practice management systems; network services; and value-added networks.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 12 of 27

ICD-10 Information and Resources (continued)

The CMS Website (continued)

On the [ICD-10 Ombudsman and ICD-10 Coordination Center \(ICC\) webpage \(https://www.cms.gov/Medicare/Coding/ICD10/ICD10OmbudsmanandICD10CoordinationCenterICC.html\)](https://www.cms.gov/Medicare/Coding/ICD10/ICD10OmbudsmanandICD10CoordinationCenterICC.html), you can find resources on your coding questions, claims processing and payment, Local Coverage Determinations, National Coverage Determinations, and how to submit requests for ICD-10-CM and ICD-10-PCS code updates.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 13 of 27

ICD-10 Information and Resources (continued)

The CMS Website (continued)

You can find many resources on the [ICD-10 Provider Resources webpage \(http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html\)](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html), such as:

- Guides and contact lists
- Infographics
- Flyers
- Videos
- Online tools

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 14 of 27

ICD-10 Information and Resources (continued)

The CMS Website (continued)

On the [Medicare Fee-For-Service Provider Resources webpage \(http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html\)](http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html), you can access information and resources for FFS providers, such as:

- Claims processing and billing guidance
- Coding
- Home health provider information
- National Coverage Determinations
- Local Coverage Determinations

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 15 of 27

ICD-10 Information and Resources (continued)

The CMS Website (continued)

The Medicare Learning Network® (MLN) offers many health care provider resources, including these publications on ICD-10:

- [“General Equivalence Mappings Frequently Asked Questions”](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901743.html)
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901743.html>)
- [“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets”](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN900943.html)
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN900943.html>)
- [“ICD-10-CM Classification Enhancements”](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN903187.html)
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN903187.html>)
- [“ICD-10-CM/PCS The Next Generation of Coding”](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901044.html)
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901044.html>)
- [“ICD-10-CM/PCS Myths and Facts”](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN902143.html)
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN902143.html>)

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 16 of 27

ICD-10 Information and Resources (continued)

The CMS Website (continued)

On the [ICD-10-CM/PCS Frequently Asked Questions webpage](https://www.cms.gov/Medicare/Coding/ICD10/Frequently-Asked-Questions.html) (<https://www.cms.gov/Medicare/Coding/ICD10/Frequently-Asked-Questions.html>), you can access many frequently asked questions on ICD-10.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 17 of 27

Review Question

Select the correct answer.

To access links to CMS information and resources that will assist you with International Classification of Diseases, 10th Revision (ICD-10), refer to or visit which of these:

- A. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code book
- B. "ICD-10-CM Official Guidelines for Coding and Reporting"
- C. CMS Innovation Center webpage
- D. ICD-10 webpage

The correct answer is D.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 18 of 27

Review Question

Select true or false.

Vendors include organizations comprised of billing services; clearinghouses; electronic health record, electronic medical record, and practice management systems; network services; and value-added networks.

- A. True
- B. False

The correct answer is A.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 19 of 27

ICD-10 Information and Resources (continued)

Training Needs for Coding Personnel

Most experienced coders will probably need about 16 hours of ICD-10-CM training.

Coders may need additional training to refresh or expand knowledge in the biomedical sciences (anatomy, physiology, pathophysiology, pharmacology, and medical terminology).

To prepare for ICD-10-CM training, coders should:

- Learn about ICD-10-CM structure, organization, and unique features
- Use assessment tools to identify areas of strength and weakness in the biomedical sciences and refresh knowledge of these concepts based on assessment results

ICD-10 Information and Resources (continued)

Clearinghouses

Clearinghouses can help you with ICD-10 by:

- Identifying problems that lead to claim rejections
- Providing guidance on how to correct a rejected claim (for example, more or different data must be included)

Clearinghouses are public or private entities, including but not limited to:

- Billing services
- Repricing companies
- Community health management information or community health information systems
- Value-added networks and switches

Clearinghouses cannot help you identify which ICD-10 codes to use, unless they offer coding services. Because ICD-10-CM codes are more specific, selecting the appropriate code requires medical knowledge and familiarity with the specific clinical event.

Tracking Post-Implementation Progress

Assess Your Progress

By tracking and comparing key performance indicators related to the use of ICD-10 codes, you can identify and address issues and maintain your ICD-10 progress. You can track these key performance indicators to assess your progress:

- **Volume of coder questions:** The number of records coders return to clinicians with requests for more documentation to support proper code selection
- **Incomplete or missing diagnosis codes:** The number of incomplete or missing ICD-10 diagnosis codes on claims
- **Use of ICD-10 codes on prior authorizations and referrals:** The number of orders and referrals that include ICD-10 codes
- **Claims denial rate:** The percentage of claims accepted into the payer's adjudications system that are denied

- **Requests for additional information:** The number of requests from payers for additional information required to process claims
- **Use of unspecified codes:** The volume and frequency of unspecified code use

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 22 of 27

Tracking Post-Implementation Progress (continued)

Address Your Findings

You can troubleshoot problem areas by:

- **Developing a feedback system:** Gather feedback and questions from staff and share insights throughout your organization. Ask about which ICD-10 codes are causing the most difficulty and areas where more or different tools or training might be helpful.
- **Checking clinical documentation and code selection:** Look for documentation issues that might result from insufficient clinician training on ICD-10 coding concepts and guidelines. Understanding your organization's processes for selecting diagnosis codes and applying coding guidelines may also help identify the source of issues.
- **Checking for systems issues:** Verify that all systems have implemented available upgrades. Routinely check for technical problems with your systems. Be sure systems are set to generate only ICD-10 codes and qualifiers for services provided on or after October 1, 2015.

Maintain Your Progress

- **Keep up to date:** Keep your systems and coding resources up to date.
- **Review ICD-10 coding guidelines:** Review the "[ICD-10 Official Coding Guidelines for Coding and Reporting](http://www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf)" (http://www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf) on a regular basis.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 23 of 27

Review Question

Select true or false.

To prepare for International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) training, coders should use assessment tools to identify areas

of strength and weakness in the biomedical sciences and refresh knowledge of these concepts based on assessment results.

- A. True
- B. False

The correct answer is A.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 24 of 27

Review Question

Select true or false.

Clearinghouses do not provide guidance on how to correct a rejected claim.

- A. True
- B. False

The correct answer is B.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 25 of 27

Review Question

Select true or false.

One way you can assess your International Classification of Diseases, 10th Revision (ICD-10) progress is to track the number of incomplete or missing diagnosis codes on claims.

- A. True
- B. False

The correct answer is A.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 26 of 27

Key Concepts

Key concepts in this lesson:

- To ensure correct coding, follow important guidelines in “ICD-10-CM Official Guidelines for Coding and Reporting.”
- Common ICD-10 coding errors include incorrect usage of numbers and letters on claims and omission of specificity or laterality in codes.
- An exception to the Excludes 1 definition is when two conditions are unrelated to each other.
- The CMS ICD-10 website and the MLN offer many links to ICD-10 information and resources.
- To prepare for ICD-10-CM training, coders should learn about ICD-10-CM structure, organization, and unique features. They should also use assessment tools to identify areas of strength and weakness in the biomedical sciences.
- Clearinghouses can help with ICD-10 by identifying problems that lead to claim rejections and providing guidance on how to correct a rejected claim.
- By tracking and comparing key performance indicators related to the use of ICD-10 codes, you can identify and address issues and maintain your ICD-10 progress.

Lesson Four: ICD-10 Coding Tips, Information, and Resources Page 27 of 27

Conclusion

You have now completed Lesson Four: ICD-10 Coding Tips, Information, and Resources.

Click Continue to return to the Course Menu. Then, select Post-Assessment. All lessons must be completed by clicking Continue before leaving the course to come back to the post-assessment later.

