CENGAGE

MICHELLE A. GREEN, MPS, RHIA, FAHIMA, CPC

3-2-1 CODE IT!

SEVENTH EDITION

AAPC CEU APPROVED

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SEVENTH EDITION

CENGAGE

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***3-2-1 Code It!* Seventh Edition**
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Library of Congress Control Number: 2018963107

ISBN: 978-1-337-90280-9

Cengage
20 Channel Center Street
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Printed in the United States of America
Print Number: 01 Print Year: 2018

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Introduction

Accurate coding is crucial to the successful operation of any health care facility or provider's office because reported codes determine the amount of reimbursement received. The annual (and sometimes more frequent) revision of coding guidelines and payer requirements serve to challenge coders. Those responsible for assigning and reporting codes in any health care setting require thorough instruction in the use of the ICD-10-CM, ICD-10-PCS, CPT, and HCPCS level II coding systems. Students who are completing formal coursework as part of an academic program and experienced coders who are already employed in the health care field will find that *3-2-1 Code It!* provides the required information in a clear and comprehensive manner.

Due to the comprehensive nature of the *3-2-1 Code It!* textbook, instructors may choose to cover its content in more than one course.

- Chapters 1 through 6 could be taught in an ICD-10-CM and ICD-10-PCS coding course.
- Chapters 7 through 18 could be taught in a CPT and HCPCS level II coding course.
- Chapter 19 could be included as required reading in an insurance and reimbursement course, either as an introductory or summary chapter.

Instructors for medical assistant (MA) and medical office administration (MOA) programs may choose to cover the following chapters only in their coding course(s):

- Chapters 2 through 4, and 7 in an ICD-10-CM, and HCPCS level II coding course (ICD-10-PCS is not used for outpatient or physician office coding.)
- Chapters 8 through 9, selected sections of 11 through 15, and 16 through 18 in a CPT coding course

NOTE:

Your academic program's community of interest (e.g., employers of graduates) will determine which sections of Chapters 11 through 15 (CPT Surgery) should be covered in your CPT coding course. Likewise, if your graduates obtain employment assigning and submitting CPT Anesthesia codes, your course should include Chapter 10. If your graduates do not assign radiology or pathology/laboratory codes during their employment, Chapters 16 and 17 can be excluded from your CPT coding course.

Instructors can refer to the Instructor's Manual for sample course syllabi that organize textbook content into one or two courses. For example, the syllabus for a one-semester course includes content from *3-2-1 Code It!* appropriate for an introductory course.

The *3-2-1 Code It!* text requires users to have access to paper-based coding manuals (ICD-10-CM, ICD-10-PCS, HCPCS level II, and CPT) because they are used as references when coding rules are explained and for completing exercises and reviews in each chapter.

NOTE:

Dental codes (D codes) are copyrighted by the American Dental Association. Purchase of a separate Current Dental Terminology (CDT) coding manual is required to assign dental codes.

The intended use of *3-2-1 Code It!* is for:

- Academic programs in coding and reimbursement, health information management, medical assisting, medical office administration, and so on

- In-service education programs in health care facilities (e.g., physicians' offices, hospitals, nursing facilities, home health agencies, hospices), health insurance companies, quality improvement organizations, and so on
- Individuals who want to use it for self-instruction to learn how to code or to update their coding skills
- Health care professionals who need a comprehensive coding reference to assist them in accurately assigning codes

It is recommended that students complete the following course work before they begin and/or during the same time they are learning concepts presented in *3-2-1 Code It!*:

- Essentials of health information management
- Medical terminology
- Anatomy and physiology
- Essentials of pharmacology
- Human diseases/pathophysiology

Organization of This Textbook

This textbook is organized into 19 chapters and one appendix.

NOTE:

Content about long-term care, home health care, and hospice coding is located at the textbook's Student Companion Site at http://login.cengage.com.

- Chapter 1 includes an overview of coding systems used to report inpatient and outpatient diagnoses and procedures and services to health plans. It also focuses on coding career opportunities in health care, the importance of joining professional organizations and obtaining coding credentials, the impact of networking with other coding professionals, and the development of opportunities for career advancement. Computer-assisted coding (CAC) is also covered.

  The corresponding workbook chapter contains high level Bloom's taxonomy assignments about validating ICD-10-CM/PCS codes, computer-assisted coding, face validity of data management reports, physician query process, determining medical necessity, and SNOMED CT.
- Chapters 2 and 3 cover general ICD-10-CM/PCS coding concepts and provide coding practice. Chapter 3 covers ICD-10-CM official coding guidelines.
- Chapter 5 is specific to inpatient coding concepts (and not typically covered by academic programs that focus on outpatient and physician coding), and Chapter 6 is specific to outpatient coding concepts. Inpatient coding concepts apply to acute care hospitals, and the chapters include ICD-10-CM and ICD-10-PCS official coding guidelines. Outpatient coding concepts covered include the physicians' office, and hospital emergency and outpatient departments. ICD-10-CM/PCS chapters are sequenced before HCPCS level II and CPT chapters in this textbook because diagnosis codes are reported to justify the medical necessity of procedures and/or services provided.
- Chapter 7 covers the HCPCS level II national coding system, which was developed by the Centers for Medicare & Medicaid Services.
- Chapters 8 through 18 cover CPT coding concepts. Each CPT section has its own chapter, except for the Surgery section, which requires five separate chapters.

- Chapter 19 contains a detailed discussion of insurance and reimbursement concepts. (For comprehensive coverage of third-party payers and reimbursement methodologies, refer to Cengage's *Understanding Health Insurance: A Guide to Billing and Reimbursement*, by Michelle A. Green.)
- Appendix I contains the E/M CodeBuilder, which can also be downloaded from the Student Companion Site at **http://login.cengage.com** and printed for use with Chapter 9 cases to select evaluation and management (E/M) service codes.

Features of the Textbook

Each textbook chapter contains the following elements:

- List of topics
- Key terms
- Chapter objectives
- Introduction
- Exercises
- Internet links
- Summary
- Study checklist
- Review

Textbook features include:

- Key terms and learning objectives located at the beginning of each chapter to help organize the material
- Boldfaced terms throughout each chapter to assist students in learning the technical vocabulary associated with coding systems
- Coding tips and notes that highlight important concepts presented in each chapter
- Exercises after each chapter section that reinforce content presented
- Multiple choice and coding practice reviews that allow for mastery of coding concepts

New to This Edition

- The textbook and its ancillaries have been updated to include the latest ICD-10-CM, ICD-10-PCS, CPT, and HCPCS level II code sets, conventions, and guidelines.
- Textbook and workbook coding assignments, examples, exercises, and reviews have been updated to include the most recent ICD-10-CM, ICD-10-PCS, CPT, and HCPCS level II codes.
- Answer keys have been updated in the *Instructor's Manual to Accompany 3-2-1 Code It!*, which is located at the Instructor Companion Site (**http://login.cengage.com**).
- Chapter 1 includes updated content about professional associations, professional credentials, and computer-assisted coding (CAC). Exercises about Documentation as a Basis for Coding: Determining Medical Necessity and Other Classifications, Databases, and Nomenclatures: SNOMED CT were created for the corresponding chapter in the workbook.
- Chapter 2 was revised to update ICD-10-CM and ICD-10-PCS content. Content about encoders and computer-assisted coding (CAC) was revised and expanded. Content about ICD-9-CM as a legacy classification system content was also updated.
- Chapter 3 includes updated content about coding conventions in ICD-10-CM and ICD-10-PCS, and examples allow educators and students to compare the use of conventions in the classification systems. Examples, exercises, and the chapter review have also been updated.

- Chapter 4 includes updated content about the ICD-10-CM *Official Guidelines for Coding and Reporting*. Exercises and the chapter review have also been updated. New examples have been added throughout content about ICD-10-CM chapter coding guidelines.
- Chapter 5 includes updated content about inpatient ICD-10-CM diagnosis coding guidelines and inpatient ICD-10-PCS procedure coding guidelines. Examples, exercises, and the chapter review were also updated.
- Chapter 6 contains updated content about outpatient ICD-10-CM diagnosis coding guidelines. Examples, exercises, and the chapter review have also been updated.
- Chapter 7 contains updated content about HCPCS level II coding. Examples, exercises, and the chapter review have also been updated.
- Chapter 8 contains updated introductory content about CPT coding. Examples, exercises, and the chapter review have also been updated.
- Chapter 9 contains updated content about CPT's evaluation and management (E/M) section. Examples, exercises, and the chapter review have also been updated.
- Chapter 10 contains updated content about CPT's Anesthesia section. Examples, exercises, and the chapter review have also been updated.
- Chapters 11 through 15 contain updated content about CPT's Surgery section. Examples, exercises, and the chapter review have also been updated.
- Chapter 16 contains updated content about CPT's Radiology section. Examples, exercises, and the chapter review have also been updated.
- Chapter 17 contains updated content about CPT's Pathology and Laboratory section. Examples, exercises, and the chapter review have also been updated.
- Chapter 18 contains updated content about CPT's Medicine section. Examples, exercises, and the chapter review have also been updated.
- Chapter 19 contains updated content about insurance and reimbursement. Examples, exercises, and the chapter review have also been updated.
- Appendix I contains an E/M CodeBuilder (also available on the Student Companion Site), which can be used with Chapter 9 to assign evaluation and management codes.

Supplements

The following supplements accompany this text:

- Instructor Companion Site
- Student Workbook
- Student Companion Site at http://login.cengage.com
- MindTap at http://login.cengage.com

Instructor Companion Site

Spend less time planning and more time teaching with Cengage's Instructor Companion Site to Accompany the Seventh Edition of *3-2-1 Code It!* As an instructor, you will have access to all of your resources online, anywhere and at any time. All instructor resources can be accessed by going to http://login.cengage.com to create a unique user login. Contact your sales representative for more information. Online instructor resources at the Instructor Companion Site are password-protected and include the following:

- The Instructor's Manual consists of seven sections:
  - Section I—Instructor's Resources
  - Section II—Answer Keys to Textbook Chapter Exercises and Reviews

- Section III—Answer Keys to Workbook Assignments and Reviews
- Section IV—Answer Keys to Coding Patient Records (Workbook Appendices A–D)
- Section V—Answer Key to Mock Certified Professional Coder (CPC) Certification Examination (Workbook Appendix E)
- Section VI—Answer Key to Mock Certified Coding Specialist—Physician (CCS-P) Certification Examination (Workbook Appendix F)
- Section VII—Answer Key to Mock Certified Coding Specialist (CCS) Certification Examination (Workbook Appendix G)

- *Cengage Learning Testing Powered by Cognero*, a flexible, online system that allows you to author, edit, and manage test bank content from multiple Cengage Learning solutions; you can also create multiple test versions in an instant, and deliver tests from your learning management system (LMS), classroom, or elsewhere.
- Customizable instructor support slide presentations in PowerPoint® format focus on the most important points for each chapter.
- *Insurance Billing & Coding Curriculum Guide* helps you plan your course using *3-2-1 Code It!* and other coding resources, and also maps content to certification exams.
- Conversion grids, map the seventh edition to the sixth edition and to competing texts to make adapting your course to *3-2-1 Code It!* a snap.
- Access to all free student supplements, including additional textbook content.

Student Workbook

(ISBN: 978-1-337-90281-6)

The workbook follows the chapter organization of the text and contains higher-level Bloom's taxonomy assignments (that comply with academic program accreditation organization requirements, such as CAHIIM competencies), including numerous diagnosis/procedure statements and case studies so that students can practice coding. Each assignment contains a list of objectives, an overview of content relating to the assignment, and instructions for completing the assignment. The last assignment in each workbook chapter contains review questions in multiple-choice format to emulate credentialing exam questions. The workbook also contains actual patient records and mock CPC, CCS-P, and CCS certification examinations.

Student Companion Site

Additional textbook resources for students and instructors can be found online at http://login.cengage.com.

All resources located on the Student Companion Site to accompany *3-2-1 Code It!* are free to textbook users. Student resources include:

- Revisions to textbook and workbook due to coding changes as they become available
- E/M Codebuilder (also found in Appendix I of the textbook)
- Tutorials for how to code patient records (to assist in coding patient records found in Appendices A-D of the workbook)
- Extra content about related coding topics, including long-term care, home health care, and hospice coding

MindTap

(ISBNs: 2-Year Instant Access Code: 9781337902861
2-Year Printed Access Code: 9781337902878
4-Year Instant Access Code: 9781337902885
4-Year Printed Access Code: 9781337902892)

Green's *3-2-1 Code It!* Seventh Edition on MindTap is the first of its kind in an entirely new category: the Personal Learning Experience (PLE). This personalized program of digital products and services uses interactivity and customization to engage students, while offering instructors a wide range of choice in content, platforms, devices, and learning tools. MindTap is device agnostic, meaning that it will work with any platform or learning management system and will be accessible anytime, anywhere: on desktops, laptops, tablets, mobile phones, and other Internet-enabled devices.

NOTE:

The numbering of textbook review case studies matches MindTap™ numbering.

This MindTap includes:

- An interactive eBook with highlighting, note-taking (integrated with Evernote), and more
- Flashcards for practicing chapter terms
- Computer-graded activities and exercises
  - Self-check and application activities, integrated with the eBook
  - Case studies with videos
- Easy submission tools for instructor-graded exercises
- Medical Coding Trainer software for a real-world interactive coding experience
- Computer-assisted coding (CAC) cases

Optum360™ EncoderPro.com

Go to www.EncoderPro.com to register for a 30-day free trial of *EncoderPro.com Expert*, which automates the ICD-10-CM, ICD-10-PCS, CPT, and HCPCS level II coding manuals. (ICD-10-CM and ICD-10-PCS crosswalks for ICD-9-CM codes are also included.)

Students should not register for the 30-day free trial until instructed to do so by faculty. Students should use paper-based coding manuals to learn how to assign codes. Then, www.EncoderPro.com software can be used to assign codes for exercises as assigned by the instructor.

A Note About CPT Coding Manual Editions

Every attempt is made to make the material within this textbook and its ancillary products (e.g., Workbook, Instructor's Manual) as current as possible by updating to CPT 2019 just prior to publication.

ABOUT THE AUTHOR

Michelle A. Green, MPS, RHIA, FAHIMA, CPC, has been a college professor since 1984. She taught traditional classroom-based courses until 2000 at Alfred State College, when she transitioned all of the health information management and coding courses to an Internet-based format. In 2016, she began teaching for the health information management program at Mount Wachusett Community College, Gardner, Massachusetts. In 2017, she also began teaching for the health information technology program at Mohawk Valley Community College, Utica, New York. Prior to 1984, she worked as a director of health information management at two acute care hospitals in Florida's Tampa Bay area. Both positions required her to assign codes to inpatient cases. Upon becoming employed as a college professor, she routinely spent the semester breaks coding for a number of health care facilities so that she could further develop her inpatient and outpatient coding skills.

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ACKNOWLEDGMENTS

In memory of my son, Eric, who always kept me “on task” by asking, “How much did you get finished in the chapter today, Mom?” Thank you for truly understanding my need to pursue my passion for teaching and writing. You always proudly introduced me as your mom, the teacher and writer. You remain forever in my heart, Eric. A special thank you to my brother, Dave Bartholomew, for his encouragement and help. You are my rock!

To my students, located throughout the world! You always ask me the toughest coding questions, and you also make me want to find the answers. You are truly critical thinkers!

To my technical reviewer, Marsha Diamond, thank you for your incredible attention to detail!

To Kaitlin Schlicht, Instructional Designer, for her invaluable support, patience, and guidance!

To Stephen Smith, Product Team Manager, for patiently listening to all of my concerns about the revision process!

To the incomparable Kara DiCaterino, Senior Content Manager, what can I say? You are simply the best!

To my mom, Alice B. Bartholomew, for her support and assistance. Between writing real-life case studies for my textbooks and having originally helped me select a health care career, your guidance is appreciated beyond words.

Special appreciation is expressed to Optum360 Publishing Group for granting permission to reprint selected images, tables, and pages from:

- *Coder’s Desk Reference for Diagnoses*
- *Coders Desk Reference for Procedures*
- *Coding & Payment Guide for Anesthesia Services*
- EncoderPro.com
- *HCPCS Level II Professional*
- *ICD-10-CM Professional*
- *ICD-10-PCS Professional*

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Feedback

Contact the author at michelle.ann.green@gmail.com with questions, suggestions, or comments about the text or its supplements. Please realize that the publisher (www.cengage.com) authorizes the release of the Instructor’s Manual (with coding answers) to educators only. The publisher also posts an AAPC CEU exam on the Student Companion Site.

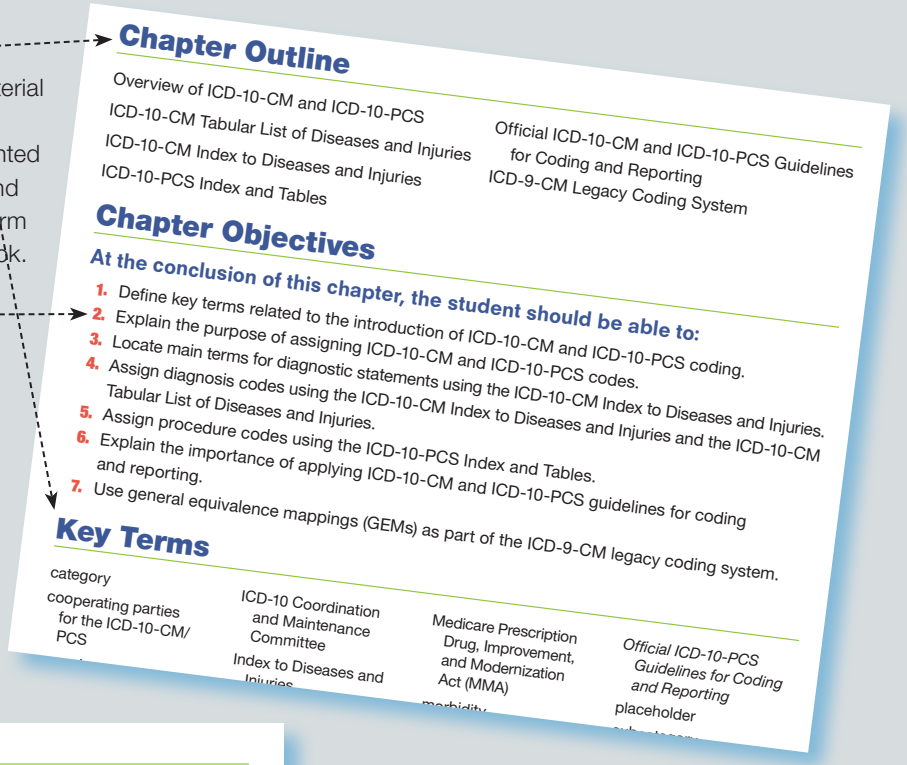
HOW TO USE THIS TEXT

Chapter Outline and Key Terms

The **Chapter Outline** organizes the chapter material at a glance. The **Key Terms** list represents new vocabulary in each chapter. Each term is highlighted in color in the chapter, where it is also defined and used in context. A complete definition of each term appears in the Glossary at the end of the textbook.

Objectives

The **Objectives** list the outcomes expected of the learner after a careful study of the chapter. Read the objectives before reading the chapter content. When you complete the chapter, read the objectives again to see if you can say for each one, "Yes, I know that." If you cannot say this about an objective, go back to the appropriate content and reread. These outcomes are critical to a successful career as an insurance specialist.



Chapter Outline

Overview of ICD-10-CM and ICD-10-PCS
ICD-10-CM Tabular List of Diseases and Injuries
ICD-10-CM Index to Diseases and Injuries
ICD-10-PCS Index and Tables
Official ICD-10-CM and ICD-10-PCS Guidelines for Coding and Reporting
ICD-9-CM Legacy Coding System

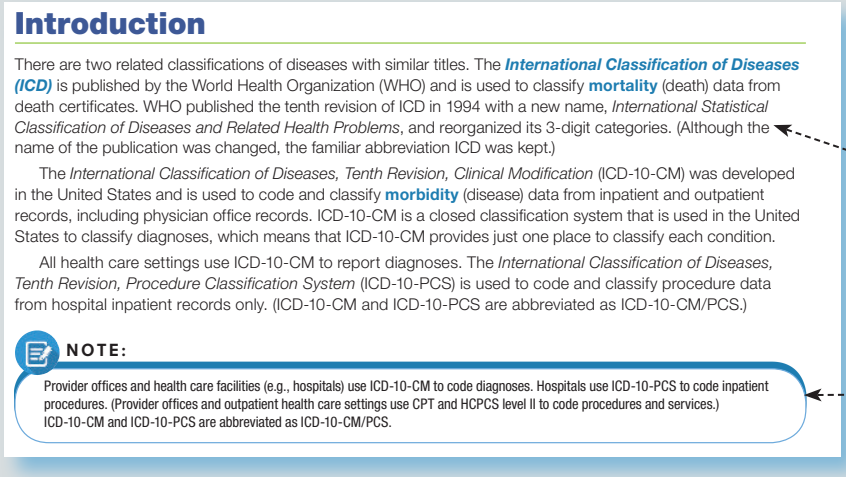
Chapter Objectives

At the conclusion of this chapter, the student should be able to:

1. Define key terms related to the introduction of ICD-10-CM and ICD-10-PCS coding.
2. Explain the purpose of assigning ICD-10-CM and ICD-10-PCS codes.
3. Locate main terms for diagnostic statements using the ICD-10-CM Index to Diseases and Injuries.
4. Assign diagnosis codes using the ICD-10-CM Index to Diseases and Injuries and the ICD-10-CM Tabular List of Diseases and Injuries.
5. Assign procedure codes using the ICD-10-PCS Index and Tables.
6. Explain the importance of applying ICD-10-CM and ICD-10-PCS guidelines for coding and reporting.
7. Use general equivalence mappings (GEMs) as part of the ICD-9-CM legacy coding system.

Key Terms

category
cooperating parties for the ICD-10-CM/PCS
ICD-10 Coordination and Maintenance Committee
Index to Diseases and Injuries
Medicare Prescription Drug, Improvement, and Modernization Act (MMA)
Official ICD-10-PCS Guidelines for Coding and Reporting
placeholder



Introduction

There are two related classifications of diseases with similar titles. The ***International Classification of Diseases (ICD)*** is published by the World Health Organization (WHO) and is used to classify **mortality** (death) data from death certificates. WHO published the tenth revision of ICD in 1994 with a new name, *International Statistical Classification of Diseases and Related Health Problems*, and reorganized its 3-digit categories. (Although the name of the publication was changed, the familiar abbreviation ICD was kept.)

The *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) was developed in the United States and is used to code and classify **morbidity** (disease) data from inpatient and outpatient records, including physician office records. ICD-10-CM is a closed classification system that is used in the United States to classify diagnoses, which means that ICD-10-CM provides just one place to classify each condition.

All health care settings use ICD-10-CM to report diagnoses. The *International Classification of Diseases, Tenth Revision, Procedure Classification System* (ICD-10-PCS) is used to code and classify procedure data from hospital inpatient records only. (ICD-10-CM and ICD-10-PCS are abbreviated as ICD-10-CM/PCS.)

NOTE:

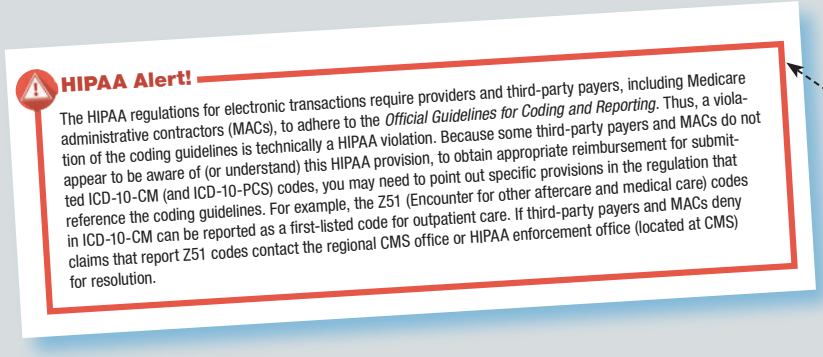
Provider offices and health care facilities (e.g., hospitals) use ICD-10-CM to code diagnoses. Hospitals use ICD-10-PCS to code inpatient procedures. (Provider offices and outpatient health care settings use CPT and HCPCS level II to code procedures and services.) ICD-10-CM and ICD-10-PCS are abbreviated as ICD-10-CM/PCS.

Introduction

The **Introduction** provides a brief overview about major topics covered in the chapter. The introduction (and the objectives) provides a framework for your study of the content.

Notes

Notes appear throughout the text and serve to bring important points to your attention. The notes clarify content, refer you to reference material, provide more background for selected topics, or emphasize exceptions to rules.



HIPAA Alert!

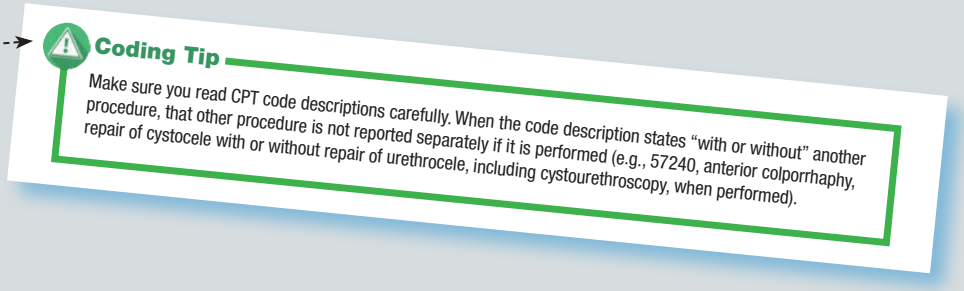
The HIPAA regulations for electronic transactions require providers and third-party payers, including Medicare administrative contractors (MACs), to adhere to the *Official Guidelines for Coding and Reporting*. Thus, a violation of the coding guidelines is technically a HIPAA violation. Because some third-party payers and MACs do not appear to be aware of (or understand) this HIPAA provision, to obtain appropriate reimbursement for submitted ICD-10-CM (and ICD-10-PCS) codes, you may need to point out specific provisions in the regulation that reference the coding guidelines. For example, the Z51 (Encounter for other aftercare and medical care) codes in ICD-10-CM can be reported as a first-listed code for outpatient care. If third-party payers and MACs deny claims that report Z51 codes contact the regional CMS office or HIPAA enforcement office (located at CMS) for resolution.

HIPAA Alerts

The **HIPAA Alert** feature highlights issues related to the privacy and security of personal health information.

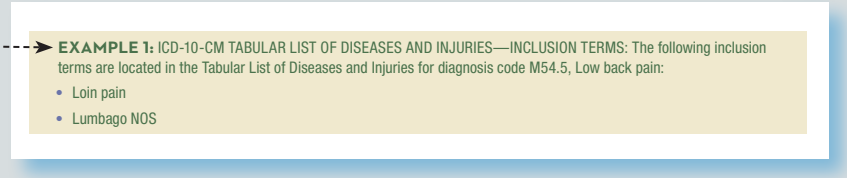
Coding Tips

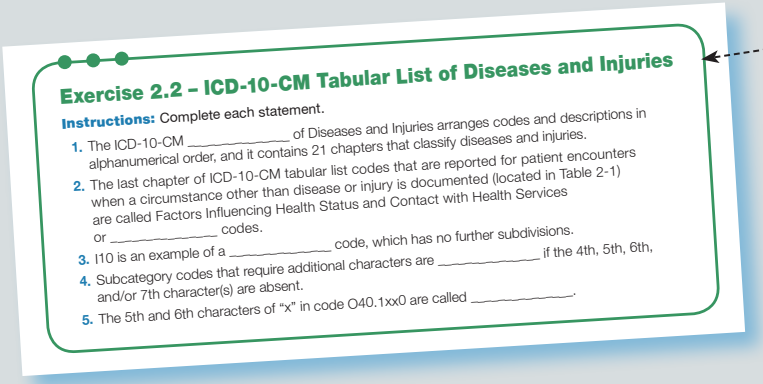
The **Coding Tips** feature provides recommendations and hints for selecting codes and for the correct use of the coding manuals.



Examples

Examples appear throughout the text to promote understanding of presented concepts.



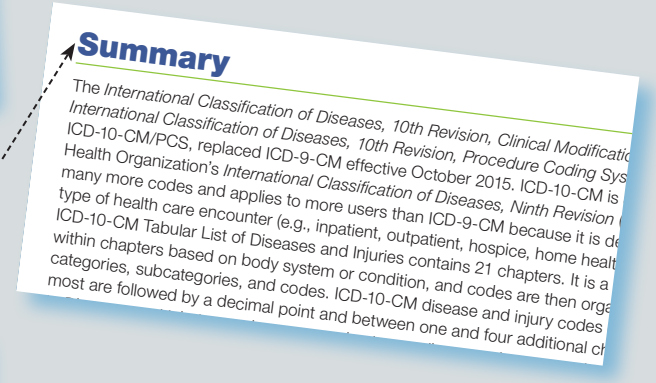


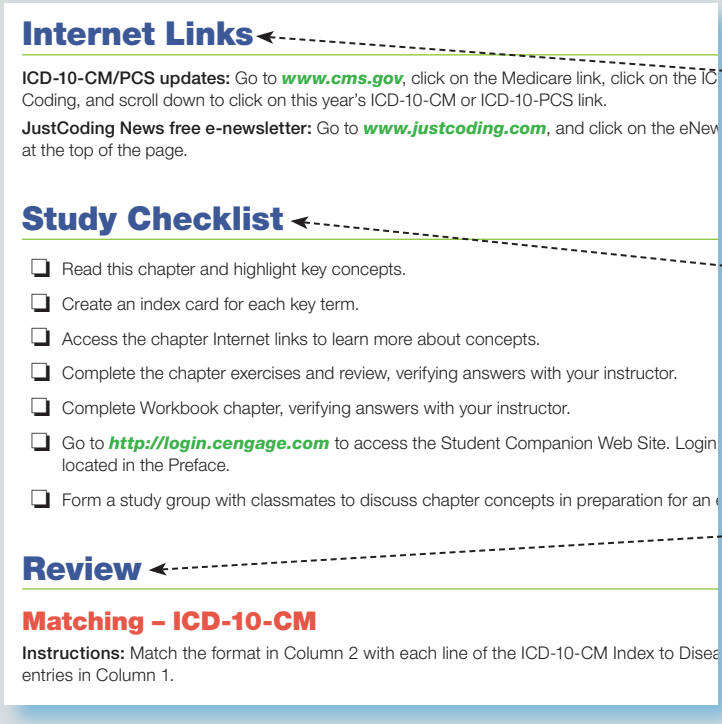
Exercises

Exercises reinforce chapter content.

Summary

The **Summary** at the end of each chapter recaps the key points of the chapter. The summary also serves as a review aid when preparing for tests.





Internet Links

Internet Links are provided to encourage you to expand your knowledge at various state and federal government agency, commercial, and organization sites.

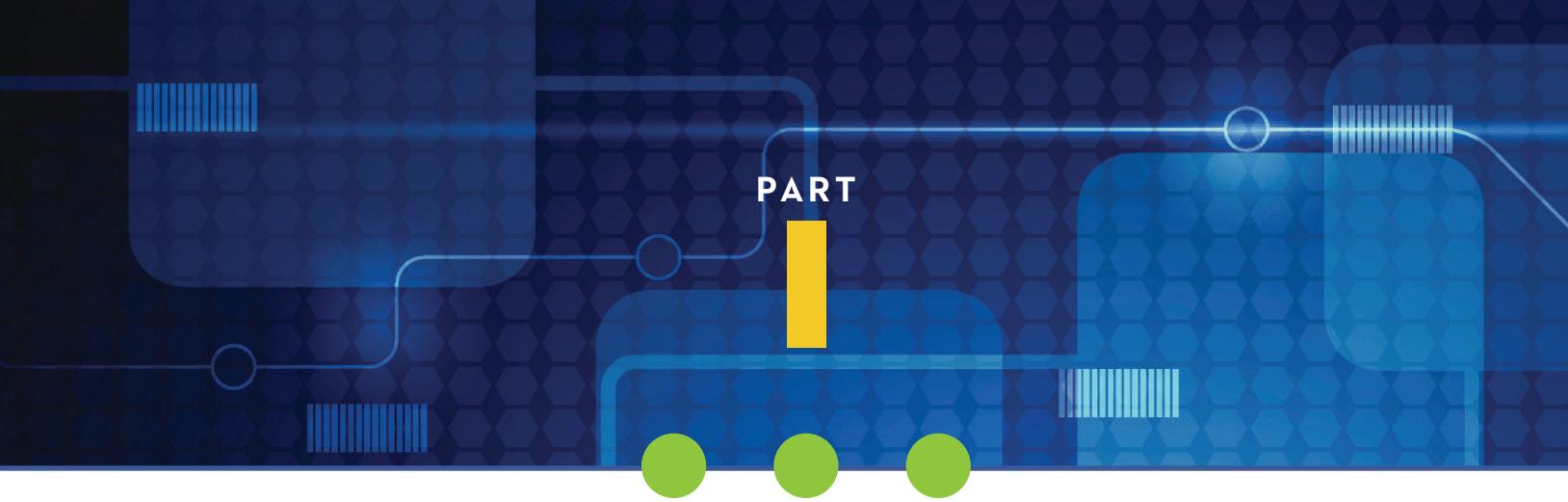
Study Checklist

The **Study Checklist** appears toward the end of each chapter and directs you to other learning and application aids. Completing each of the items in the checklist will help you to gain confidence in your understanding of the key concepts and in your ability to apply them correctly.

Review

Each chapter **Review** includes multiple-choice questions and coding practice cases that will test your understanding of chapter content and critical thinking ability.

NOTES



Coding Overview

CHAPTER 1

Overview of Coding

Chapter Outline

Career as a Coder

Professional Associations

Coding Systems and Processes

Other Classification Systems and Databases

Documentation as Basis for Coding

Health Data Collection

Chapter Objectives

At the conclusion of this chapter, the student should be able to:

1. Define key terms related to the overview of coding.
2. Summarize the training, job responsibilities, and career path for a coder.
3. Differentiate among types of professional associations for coders, health insurance specialists, and medical assistants.
4. Summarize coding systems and processes.
5. Identify other classification systems and databases.
6. Identify how documentation serves as the basis for assigning codes.
7. Describe health data collection for the purpose of reporting hospital and physician office data.

Key Terms

application service provider (ASP)

Assessment (A)

assumption coding

automated case abstracting software

automated record

Centers for Medicare & Medicaid Services (CMS)

claims examiner

classification system

clearinghouse

CMS-1450

CMS-1500

code

coder

coding

coding system

computer-assisted coding (CAC)

concurrent coding

continuity of care

Current Procedural Terminology (CPT)

database

demographic data

Diagnostic and Statistical Manual of Mental Disorders (DSM)

diagnostic/management plan

discharge note

documentation

document imaging

downcoding

electronic health record (EHR)

electronic medical record (EMR)

encoding

evidence-based coding

evidence-verification coding
HCPCS level II
HCPCS national codes
health care clearinghouse
Healthcare Common Procedure Coding System (HCPCS)
health care provider
health data collection
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
health insurance specialist
health plan
hospitalist
hybrid record
indexed
initial plan
integrated record
International Classification of Diseases for Oncology, Third Edition (ICD-O-3)
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)
International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS)
International Classification of Functioning, Disability and Health (ICF)
internship
internship supervisor
jamming
listserv
Logical Observation Identifiers Names and Codes (LOINC)
manual record
medical assistant
medical coding process
medical management software
medical necessity
medical nomenclature
medical record
National Drug Codes (NDC)
Objective (O)
online discussion board
overcoding
patient education plan
patient record
physician query process
Plan (P)
problem list
problem-oriented record (POR)
progress notes
provider
resident physician
RxNorm
scanner
sectionalized record
source-oriented record (SOR)
specialty coders
Subjective (S)
Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)
teaching hospital
teaching physician
therapeutic plan
third-party administrator (TPA)
third-party payer
transfer note
UB-04
unbundling
Unified Medical Language System (UMLS)
upcoding

Introduction

This chapter focuses on coding career opportunities in health care, the importance of joining professional associations and obtaining coding credentials, the impact of networking with other coding professionals, and the development of opportunities for career advancement. It also provides a coding overview that explains clinical documentation improvement, the physician query process, and the use of computer-assisted coding (CAC) and encoder software. Documentation as a basis for coding includes patient record formats and the importance of establishing medical necessity. Health data collection covers the reporting of hospital and physician office data using abstracting software, medical practice management software, and CMS-1500 and UB-04 claims.

NOTE:

This chapter does *not* require the use of ICD-10-CM, ICD-10-PCS, CPT, or HCPCS level II coding manuals. However, later chapters in this textbook do require them (because learning how to code is easier when you use paper-based coding manuals). Students should also learn how to use encoder and computer-assisted coding (CAC) software.

NOTE:

The following additional content is located on the Student Companion Site at http://login.cengage.com:

- *Documentation Requirements for Teaching Physicians 2012*
- History of Medical Classification and Coding Systems
- Alternate Health Care Coding Systems

Career as a Coder

A **coder** acquires a working knowledge of coding systems (e.g., CPT, HCPCS level II, ICD-10-CM, ICD-10-PCS), coding conventions and guidelines, government regulations, and third-party payer requirements to ensure that all diagnoses (conditions), services (e.g., office visits), and procedures (e.g., surgery, x-rays) documented in patient records are coded accurately for reimbursement, research, and statistical purposes. Excellent interpersonal skills are required of coders because they communicate with providers about documentation and compliance issues related to the appropriate assignment of diagnosis and procedure/service codes.

NOTE:

Although graduates of medical assistant and medical office administration programs typically do not become employed as full-time coders, they often are responsible for the coding function in a physician's office or medical clinic. This chapter provides the following resources for students pursuing any health-related academic program that includes coding as a job function:

- Professional associations that offer coding and other certification exams
- Internet-based discussion boards that cover coding and other topics
- Impact of HIPAA federal legislation on coding and reimbursement
- Coding references and other resources that facilitate accurate coding
- Physician query process as a way to prevent assumption coding
- Manual and automated patient record formats and health data collection

Training

Training methods for those interested in pursuing a coding career include college-based programs that contain coursework in medical terminology, anatomy and physiology, health information management, pathophysiology, pharmacology, ICD-10-CM, ICD-10-PCS, HCPCS level II, and CPT coding, and reimbursement methodologies. Many college programs also require students to complete a nonpaid internship (e.g., 120 hours) at a health care facility. Professional associations (e.g., the American Health Information Management Association) offer noncredit-based coding training, usually as distance learning (e.g., Internet-based), and some health care facilities develop internal programs to retrain health professionals (e.g., nurses) who are interested in a career change.

NOTE:

Pharmacology plays a significant role in accurate and complete coding. Coders review the medication administration record (MAR) to locate medications administered that impact diagnosis coding. For example, upon review of the MAR the coder notices that the patient received a course of Librium (chlordiazepoxide) during inpatient hospitalization. Librium is classified as an antianxiety medication, but it can be also used to counteract alcohol withdrawal symptoms. If the latter is the reason that the patient received the Librium (based on physician documentation), the coder can assign an appropriate alcohol dependence diagnosis code as well as alcohol detoxification procedure codes.