University of Florida
Health Science Center/Jacksonville

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3.06 - The Fundamentals of Coding for Non-Coders

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Coding for Non-Coders

- **Three different coding "systems" currently are used for billing purposes:**
  - **ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification)**
  - **CPT (Current Procedural Terminology, Fourth Edition)**
  - **HCPCS (HCFA Common Procedure Coding System)**

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Section 1

ICD-9-CM

International Classification of Diseases, 9th Revision, Clinical Modification

ICD-9-CM

- **Volume 2 – "Alphabetic Index to Diseases"**
  - **Volume 2 is presented first in the book and provides an alphabetic index to Volume 1 (the Tabular List of Diseases).**

ICD-9-CM

- **Volume 2 – "Alphabetic Index to Diseases"**
  - **This logical placement of the Alphabetic Index allows you to easily locate terms for later verification in Volume 1 (the Tabular List of Diseases).**
    - **<u>Section 1</u> – Index to Diseases**
      - **Includes Hypertension Table & Neoplasm Table**
    - **<u>Section 2</u> – Table of Drugs and Chemicals**
    - **<u>Section 3</u> – Index to External Causes**

ICD-9-CM

- **Volume 1 – "Tabular List of Diseases"**
  - **In back of book, behind Volume 1**
  - **Volume 1 lists the ICD-9-CM codes in numeric order and includes seventeen different chapters.**

ICD-9-CM

- **Anatomy of an ICD-9-CM Code**
  - **All codes have a minimum of three digits. The three digit code is referred to as the "Category Code".**
  - **Example of Category Code:**

    Infectious and Parasitic Diseases (001 - 133)

    - **056 Rubella**

ICD-9-CM

- **Anatomy of an ICD-9-CM Code**

  <u>Subcategories:</u>

  Most of the Volume 1 Category Codes have either one or two levels of subcategories.

ICD-9-CM

- **Anatomy of an ICD-9-CM Code**
  - **The first subcategory is indicated by the addition of a decimal point and a fourth digit after the category code.**
  - **Example of Category Code with first subcategory:**
    - **056 Rubella**
      - **056.7 With other specified complications**

ICD-9-CM

- **Anatomy of an ICD-9-CM Code**
  - **The second subcategory level is indicated by the addition of a fifth digit.**
  - **Example of Category Code with first and second subcategories:**
    - **056 Rubella**
      - **056.7 With other specified complications**
        - » **056.71 Arthritis due to rubella**
        - » **056.79 Other**

ICD-9-CM

- **Assigning ICD-9-CM Codes**
  - **Step 1**

    Review the medical record documentation in order to properly identify the terms that best describe the patient's diagnosis.

ICD-9-CM

- **Assigning ICD-9-CM Codes**
  - **Step 2**

Look up the terms that best describe the patient's diagnosis in Volume 2 (the alphabetic index) and identify the ICD-9 code that best matches the diagnosis.

ICD-9-CM

- **Assigning ICD-9-CM Codes**
  - **Step 3**

Look up the selected code in Volume 1 (the tabular list) to make the code selection. Careful attention should be paid to "includes" and "excludes" notes and other instructions in Volume 1.

ICD-9-CM

- **Mini ICD-9-CM Quiz**
  - **Acute and Chronic Obstructive Bronchitis**
    - »_____
  - **Intrinsic Asthma with Acute Exacerbation**
    - »_____
  - **Malignant Hypertension with Congestive Heart Failure**
    - »_____

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Section 2

CPT

Current Procedural Terminology, Fourth Edition

CPT

- **Background**
  - CPT was developed and published in 1966 by the American Medical Association. The current version, CPT 2002, is referred to as "CPT-4" because it is the fourth edition of CPT. Annual updates of CPT are not considered new editions.
- **Application**
  - CPT is used for reporting physician (professional) services and technical services provided with the professional services.

CPT

- **Organization**

  – CPT is divided into six sections, followed by six appendices and an alphabetic index. The CPT codes are listed in numeric order within sections and subsections.

  - Evaluation and Management (99201 – 99499)
  - Anesthesia (00100 – 01999)
  - Surgery (10021 – 69990)
  - Radiology (70010 – 79999)
  - Pathology and Laboratory (80048 – 89399)
  - Medicine (90281 – 99569)

CPT

- **Appendices**
  - **Appendix A – Modifiers**
  - **Appendix B – Summary of Additions, Deletions and Revisions**
  - **Appendix C – Update to Short Descriptors**
  - **Appendix D – Clinical Examples**
  - **Appendix E – Summary of CPT Add-on Codes**
  - **Appendix F – Summary of CPT Codes Exempt from Modifier '-51'**
  - **Alphabetical Index**

CPT

- **Organization**

  – **Section guidelines appear at the beginning of each of the six CPT sections.**

  – **Subsection guidelines appear at the beginning of many of the subsections.**

  – **The guidelines provide definitions and additional information to assist in the proper selection of CPT codes within the corresponding section or subsection.**

CPT

- **Assigning CPT Codes**
  - **Step 1**

    Review the medical record documentation in order to properly identify the terms that best describe the service.

CPT

- **Assigning CPT Codes**
  - **Step 2**

Look up the terms that best describe the service in the CPT index and identify the CPT code that best matches the service.

CPT

- **Assigning CPT Codes**
  - **Step 3**

Look up the selected code in the main section of CPT to make the code selection. Careful attention should be paid to use of modifiers.

Section 3

HCPCS

HCFA Common Procedure Coding System

(pronounced “hick-picks”)

HCPCS

Background

- HCFA (Now CMS) developed HCPCS in 1983 to standardize procedure coding throughout the federal healthcare programs.

Application

- HCPCS is used for reporting services and supplies furnished by physicians and certain types of outpatient providers.

HCPCS

Organization

- HCPCS contains three levels of codes.

HCPCS

- **Level I - CPT**
  - **Level I of HCPCS is the CPT codes as published by the AMA. CMS uses CPT-4 codes and modifiers as part of HCPCS.**

HCPCS

- **Level II - HCPCS/National Codes**
  - CPT does not contain all the codes needed to report medical services and supplies. Level II codes are used for reporting items and services that are not included in CPT (e.g., ambulance services, DME, orthotics, etc.).
  - Level II codes are five digits.
    - Digit one is alphabetic (A through V).
    - Digits two through five are numeric.

HCPCS

- **Level II - Examples**
  - **A0000-A0999: Transportation Services including Ambulance**
  - **B4000-B9999: Enteral and Parenteral Therapy**
  - **D0000-D9999: Dental Procedures**
  - **E0100-E9999: Durable Medical Equipment**
  - **G0000-G0999: Temporary Procedures/Professional Services**
  - **J0000-J8999: Injections**
  - **K0000-K9999: DMERC Codes**
  - **L0000-L4999: Orthotic Procedures**
  - **P0000-P9999: Pathology and Laboratory Services**
  - **Q0000-Q9999: Temporary Service/Supply Codes**
  - **R0000-R5999: Diagnostic Radiology**
  - **V0000-V2999: Vision Services**

HCPCS

- **Level III - Local Codes**
  - **Level III codes are assigned by the individual state Medicare carriers to describe items and services that have not been assigned a Level I or Level II code.**
  - **Level III codes are five digits.**
    - **Digit one is alphabetic (W, X, Y or Z).**
    - **Digits two through five are numeric.**