Chapter 3

CONVENTIONS AND TERMINOLOGY

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Learning Objectives

- Understand the use of the ICD-9-CM conventions and format.
- Review the ICD-10-CM Official Guidelines for Coding and Reporting.
- Recognize symbols used in the ICD-10-CM code set.
- Understand the terminology unique to ICD-10-CM coding.
- Successfully complete end-of-chapter exercises.

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Introduction

- The conventions for the ICD-10-CM are the general rules for use of the classifications independent of the guidelines.
- The conventions are located in both the Tabular Index and the Alphabetic Index of ICD-10-CM in addition to the instructional notes.
- The conventions take precedence over the guidelines.

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Instructional Notes

- ICD-10-CM uses an indented format for ease of use.
  - Volume 1 notes that further define or provide examples and can apply to the chapter, section, or category.
  - Instructional notes appear only in the Tabular List of Diseases. Notes are used in ICD-10-CM that indicate diagnoses that are to be coded elsewhere.

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Instructional Notes

- “Excludes1” and “Excludes2” notes can be located at the beginning of a chapter or section or below a category or subcategory and are always italicized as an example.
- Never code from the Alphabetic Index because important instructional notes may be missed.

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“Includes” Notes

- An “includes” note further defines/clarifies the content of the:
  - Chapter.
  - Subchapter.
  - Category.
  - Subcategory.
  - Subclassification.
- An “includes” note appears under a three-digit code title.
- It also gives examples of the content of the category.

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“Includes” Notes

- Inclusion terms are included under certain four- to six-digit codes.
- “Includes” notes indicate modifying conditions or diseases under certain third- through sixth-character codes and further define or give examples of content of category. The terms may be synonyms of code title or, in the case of “other specified” codes, a list of conditions assigned to that code.

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“Excludes” Notes

- Two types of “Excludes” notes are found although each indicates that codes excluded from each other are independent of each other. The two “Excludes” notes are “Excludes1” and “Excludes2.”
- “Excludes” notes indicate that a category, subcategory, and/or subclassification is excluded in the category.
- The code excluded should never be used at the same time as the code above the Excludes1 note.

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“Excludes” Notes

- Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. Conditions listed with Excludes1 are mutually exclusive.
- Excludes2 indicates that the condition excluded is not part of the condition represented by the code, but from a patient who may have both conditions at the same time.
  - When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together when both conditions exist.

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“Code first underlying condition or disease”

- The Code First Underlying Disease instruction is used in those categories not intended for use as a principal diagnosis for the disease.
  - These codes, called manifestation codes, may never be used alone or as the principal diagnosis.
  - They must always be preceded by another ICD-10-CM code. The code and its descriptor appear in italics in the Tabular List.

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“Use Additional Code”

- This instruction indicates that an additional code should be used to provide a more complete description of the diagnosis.
- This instruction references coding the etiology and/or manifestation.
  - Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.
  - Whenever a combination exists, there is an instructional note, “use additional code,” at the etiology code.

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“And”

- The word “and” should be interpreted to mean either “and” or “or” when it appears in the title.

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“See”

- The instruction *“see”* acts as a cross-reference and directs the user to look elsewhere.
- This instruction is often found when the term or condition may not be the appropriate term.
- This is a mandatory instruction and must be followed for proper code selection.

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“See also”

- “*See also*” is a reference instructional note to refer to a specific category, subcategory, or subclassification before making a code selection if you cannot find the diagnosis listed under a term in Volume 2.

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“Code also”

- The instruction “code also” alerts the user that more than one code may be required to describe the condition fully.
- Determining sequencing depends on the reason for the encounter and severity.

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“With”/”Without”

- These terms are found in the Alphabetic Index.
- “With” is sequenced immediately following the main term in the Alphabetic Index when “with” or “without” can be the final character of the diagnosis code.
- The default is always “without.” A “0” in the fifth position character always represents “without,” and character 1 always represents “with.”
- For a six-character code, 1 represents “with” and 9
- represents “without.”

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“NEC”

- “Not elsewhere classifiable” (NEC): use this code assignment when the information at hand specifies a condition but no separate code for that condition is provided.
- When a specific code is not available for a condition, the Alphabetic Index directs the coder to the “other specified” code in the Tabular List.
- The fourth or sixth character is “8” or “z,” and the fifth character is always “9.”

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“NOS”

- The abbreviation NOS, “Not otherwise specified,” in the Tabular List is the equivalent of unspecified, which is typically a fourth or sixth character “9” and a fifth character “0.”
- Codes in the Tabular List with “Unspecified…” in the title are for use when the information in the medical record is insufficient to assign a more specific code.

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“NOS”

- Use this code assignment when the information at hand does not permit either a more specific or other code assignment; do not assign these codes when a more specific diagnosis has been determined.
- Also referred to as “unspecified.”

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Other specified

- Codes in the Tabular List with “Unspecified…” in the title are for use when the information in the medical record is insufficient to assign a more specific code.
- The abbreviation NOS, “Not otherwise specified,” in the Tabular List is the equivalent of unspecified.

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Default Codes

- A code listed next to a main term in the ICD-10-CM Index is referred to as a default code.
- The default code represents that condition that is most commonly associated with the main term, or is the unspecified code for the condition.
- If a condition is documented in a medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned.

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Syndromes

- In the absence of guidance in the Alphabetic Index, assign codes for the documented manifestations of the syndrome.

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Laterality

- For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality.
- The right side is character 1, the left side character 2. In those cases where a bilateral code is provided, the bilateral character is 3.
- An unspecified side code is also provided should the side not be identified in the medical record. The unspecified side is either a 0 or a 9 depending on whether it is a fifth or sixth character.

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Italics

- Italicized type is used for all exclusion notes and to identify manifestation codes that are not reported as the first-listed diagnosis codes but are reported secondarily to the first-listed code.

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Punctuation

- **[ ]** Brackets are used in the index and to identify manifestation codes. Brackets enclose synonyms, alternate wording, or explanatory phrases.
- ICD-10-CM codes in brackets in the Alphabetic Index can never be sequenced as a principal diagnosis.
- Slanted brackets ***([ ])*** indicate that a principal diagnosis is required.
- Coding directives require that codes in brackets be sequenced in the order they appear in the Alphabetic Index.

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Punctuation

- **:** Colon is used after an incomplete term that needs one or more of the modifiers that follow to make it assignable to a given category
- A colon is used after an incomplete term that needs one or more of the modifiers that follow to make it assignable to a given category.
- A dash after a colon identifies additional digits are necessary to complete the diagnostic statement.

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Punctuation

- **( )** Parentheses are used in both the Index to Diseases and the Tabular List to enclose supplemental words that do not affect the code number. Terms within parentheses are referred to as nonessential modifiers. Parentheses 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 supplementary words enclosed in parentheses may not affect the selection of the diagnosis code.

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Punctuation

- **-** A dash at the end of a code indicates that additional digits are required to complete the diagnostic term, as found in the Index
- **,** Words following a comma are essential modifiers. The term in the inclusion note must be present in the diagnostic statement to qualify the code.

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