ICD-10 Transition: It's All About the Guidelines

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By Melanie Endicott

Now that ICD-10-CM/PCS has finally been implemented and everyone is using these new code sets, the questions are rolling in. AHIMA's Engage community is overflowing with questions from coding professionals seeking advice on how to code this or that. Many of the questions can be answered with a review of the guidelines.

One issue may be the pressure on coders to churn out records to meet their productivity standards. Now more than ever, coders need to be taking the time to review the guidelines and the instructional notes throughout the chapters. Seasoned coders who have been using ICD-9-CM for decades in particular need to take a step back and review the guidelines, as many of the rules have changed for ICD-10-CM and ICD-10-PCS.

Below is a listing of the General Coding Guidelines and Conventions that you should pay close attention to since they are different from ICD-9-CM. Be sure to review ALL of the guidelines, especially the chapter-specific guidelines which have many changes.

- **A.4.** Placeholder Character
- **A.5.** Seventh Character
- **A.12.a.** Excludes1
- **A.12.b.** Excludes2
- **A.17.** "Code also note"
- **A.18.** Default codes
- **B.13.** Laterality
- **B.17.** Borderline Diagnosis
- **B.18.** Use of Sign/Symptom/Unspecified Codes

As an important reminder: the guidelines are updated each year on October 1, so be sure to review all of the additions, deletions, and changes to the guidelines each year.

Another resource that coders must be referencing on a regular—even daily—basis is the American Hospital Association's (AHA's) *Coding Clinic for ICD-10-CM and ICD-10-PCS*. This is a quarterly publication that is available as a resource through most encoder software programs. If you don't have access to it on an encoder, be sure to get hard copies of this each quarter. Coders are expected to follow the advice published in the *AHA Coding Clinic*. Coders may even submit questions to *AHA Coding Clinic* for clarification.

I challenge you all to take a deep breath and take your time when coding in this new system. It's much better to take an extra five minutes to look up a guideline to verify the accuracy of your code assignment than to get a claim denied after submitting it incorrectly.

Resources

Centers for Medicare and Medicaid Services. ICD-10-CM Official Guidelines for Coding and Reporting. 2016. http://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_Final.pdf.

Centers for Medicare and Medicaid Services. ICD-10-PCS Official Guidelines for Coding and Reporting. 2016. https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-Official-ICD-10-PCS-Coding-Guidelines-.pdf.

American Hospital Association. AHA Central Office Website. http://www.ahacentraloffice.org/.

Melanie Endicott, MBA/HCM, RHIA, CDIP, CCS, CCS-P, FAHIMA, is senior director of HIM practice excellence, coding and CDI products development at AHIMA. She has over 15 years experience in HIM and coding, with her most recent focus being in ICD-10-CM/PCS, and has presented numerous times at the regional, state, and national levels on HIM and coding topics. She was previously a director of HIM practice excellence, focusing on coding products, resources, and education, at AHIMA. Melanie is an AHIMA-approved ICD-10-CM/PCS trainer and an ICD-10 Ambassador.

Original source:
Endicott, Melanie. "ICD-10 Transition: It's All About the Guidelines" (Journal of AHIMA website), November 11, 2015.

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