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By Melanie Endicott

Focus has been on training in ICD-10-CM/PCS for the past few years. With yet another delay, many organizations are slowing down their ICD-10 training and changing their focus back to ICD-9-CM.

The first quarter of 2014 was historic in "coder world" since that was when the American Health Association (AHA) published the last issue of *Coding Clinic for ICD-9-CM*. I find it interesting that even after thirty-six years of use, there are still questions on how to code in ICD-9-CM. This last issue included the correct coding of diagnoses such as atypical meningioma, complicated bereavement, and nonconvulsive status epilepticus. There were several questions on how to code new procedures, such as extracardiac Fontan procedure and LINX reflux management system. I encourage you all to take the time to review the latest issue of *Coding Clinic*. You might even catch yourself feeling nostalgic.

Since many of us have been so engrossed in learning the ins and outs of ICD-10-CM/PCS coding, we may have forgotten some of the basics of ICD-9-CM. We will be using ICD-9-CM until September 30, 2015, so it might be worth our time to go back and review the conventions and guidelines of ICD-9-CM. Many of the conventions and guidelines are synonymous between ICD-9-CM and ICD-10-CM, but there are some that are very different. Focusing on these differences will help to remind us of proper coding in our current world of ICD-9-CM.

Reference

American Hospital Association. Coding Clinic for ICD-9-CM. First quarter, 2014.

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