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7. Intro To Tabular List

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led 10 Cm And
ICD-10-CM:
Placeholder “ X ” .
• Addition of dummy
placeholder “ X ” is
used in certain codes to:
– Allow for future

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expansion — Fill out empty characters when a code contains fewer than 6 characters and a 7th character applies.

- When placeholder character applies, it must be used in order for the code to be considered valid.

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~~ICD-10-CM~~

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question. Relating to

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coding _____ for the
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general rules for use of
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that knowledge of
anatomy and disease
processes have on coding
accuracy.

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ICD 10 CM chapter 15
codes are used only in
live in finders records
true or false. False. The
postpartum period
begins from the time of
conception until the
delivery of the fetus true
or false. Fosse. The ICD
10 CM chapter 15 codes
have sequencing priority

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over codes from other
chapters true or false.

True.

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~~CM and ICD 10 PCS~~

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Chapter 19 of ICD 10

CM contain secondary

codes that are used to
report the external causes
of morbidity.

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~~10 CM and ICD10 PCS~~
chapter 24 ...
These 7 th character
extensions are found
predominantly in two
chapters of the
ICD-10-CM/PCS
(International
Classification of Diseases,
10 th Edition, Clinical
Modification/Procedure
Coding System), Chapter
19 - Injury, Poisoning
and Certain Other

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Consequences of
External Causes, which
includes the "S" codes,
and also in Chapter 15 -
Pregnancy, Childbirth
and the Puerperium.

Understanding the
ICD-10 Code Structure
The First Six Characters
Codes in the
ICD-10-CM code set
can have anywhere from
three to seven characters.

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The more characters there are, the more specific the diagnosis.

The first character is always alpha (i.e., a letter), but characters two through seven can be either alpha or numeric.

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...

To begin, let 's look at similarities and differences between the format and structure of ICD-9-CM and ICD-10-CM. One significant difference between ICD-9-CM and ICD-10-CM is the need to assign a seventh character (also called a seventh-character

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extension) to codes in
certain ICD-10-CM
categories.

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ICD 10 CM provided codes to deal with and counters for circumstances other than a disease or injury. The factors influencing health centers in contact with health services codes are provided to deal with occasions when circumstances other than a disease or injury are

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recorded as diagnosis or
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(Newby). It spotlights the
basics of ICD-10 coding
and provides many
opportunities for practice
and mastery.

These guidelines have
been approved by the
four organizations that
make up the Cooperating
Parties for the
ICD-10-CM: the
American Hospital
Association (AHA), the
Page 55/83

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American Health
Information
Management Association
(AHIMA), CMS, and
NCHS. These guidelines
are a set of rules that have
been developed to
accompany and
complement the official
conventions and
instructions provided
within the ICD-10-CM
itself. The instructions
and conventions of the

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classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is

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required under the
Health Insurance
Portability and
Accountability Act
(HIPAA). The diagnosis
codes (Tabular List and
Alphabetic Index) have
been adopted under
HIPAA for all healthcare
settings. A joint effort
between the healthcare
provider and the coder is
essential to achieve
complete and accurate

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documentation, code
assignment, and
reporting of diagnoses
and procedures. These
guidelines have been
developed to assist both
the healthcare provider
and the coder in
identifying those
diagnoses that are to be
reported. The
importance of consistent,
complete documentation
in the medical record

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cannot be
overemphasized.
Without such
documentation accurate
coding cannot be
achieved. The entire
record should be
reviewed to determine
the specific reason for the
encounter and the
conditions treated.

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how commonly
encountered conditions
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The book also contains
supplementary
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character codes and
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term drug use and Z-
codes that can only be
used as a principal
diagnosis. Official coding

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guidelines for 2020 are bound into this codebook. FEATURES AND BENEFITS: Full list of code changes.

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measures under
MARCA; The addition
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tips. Obtain insight into
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highlight key
components of the

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disease process or injury;
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Edits (MCEs), And
manifestation codes,
other specified codes,
and unspecified codes;
Placeholder X. This icon
alerts the coder to an
important ICD-10-CM
convention--the use of a
“ placeholder X ” for
three-, four- and five-
character codes requiring
a seventh character
extension; Coding
guideline explanations

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and examples. Detailed
explanations and
examples related to
application of the
ICD-10-CM chapter
guidelines are provided
at the beginning of each
chapter in the tabular
section; Muscle/tendon
translation table. This
table is used to determine
muscle/tendon action
(flexor, extensor, other),
which is a component of

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