Before delving into the coding conventions and guidelines, some additional knowledge and skills will make you a better coder, such as the following:

- Understanding the anatomy and functions of the body for applying the abnormalities that are seen in medical conditions
- Familiarity with the names of tests and procedures that are used to confirm a definitive diagnosis
- Knowledge of the format of medical records and specific medical reports such as laboratory, radiology, and pathology reports
- Verifying the diagnosis and procedures with documentation that exists in the patient's health record at the time the ICD-9-CM and CPT/HCPCS codes are assigned, to protect the facility from noncompliance

As a coder, your job is to tell a complete and accurate story to the third-party payer by assigning ICD-9-CM, CPT/HCPCS codes. ICD-9-CM diagnosis codes are used in all health care facilities. Every patient will have a diagnosis, or if a definitive diagnosis is not established, you will code the sign or symptom.

Coders must be familiar with the CPT manual as well as the ICD-9-CM manual. They are both used at hospitals and clinics.

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<th>Inpatient Hospital Codes</th>
<th>Diagnosis</th>
<th>Procedure</th>
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<td>ICD-9-CM, Vol. 3</td>
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**ICD-9-CM: Part I - Introduction**

The official introduction to the ICD-9-CM manual is located in the front of the book. It is imperative that coders read and understand the introduction's many sections.

- ICD-9-CM Background
- Coordination and Maintenance Committee notes the following (Buck, 2008):

  Annual modifications are made to the ICD-9-CM through the ICD-9-CM Coordination and Maintenance Committee (C&M). The committee is made up of representatives from two Federal Government agencies, the National Center for Health Statistics and the Centers for Medicare and Medicaid
ICD-9-CM Introduction and Official Guidelines

Services (CMS). . . [The approved modifications] are incorporated into the official government version of the ICD-9-CM and become effective for use October 1 of the year following their presentation.

- Characteristics of ICD-9-CM give specificity for coding and list the five appendices.
- The Disease Classification lists Specifications for the Tabular List and Alphabetic Index.
- ICD-9-CM Official Guidelines for Coding and Reporting (OGCR) are set by the following organizations:
  - Centers for Medicare/Medicaid (CMS)
  - National Center for Health Statistics (NCHS)
  - American Medical Association (AMA)
  - American Hospital Association (AHA)

Collectively, these are the official guidelines that a coder must refer to for appropriate selection of codes. It is imperative that medical facilities utilize the latest government versions of the guidelines that are available at the time. These can be found at the National Center for Health Statistics Web site: http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#guidelines.

Official Guidelines for Coding and Reporting (OGCR)

The ICD-9-CM Official Guidelines for Coding and Reporting (OGCR) includes the following:

- **Section I.** Conventions, General Coding Guidelines, and Chapter-Specific Guidelines
- **Section II.** Selection of Principal Diagnosis
- **Section III.** Reporting Additional Diagnoses
- **Section IV.** Diagnostic Coding and Reporting Guidelines for Outpatient Services
- **Appendix I:** Present on Admission Reporting Guidelines (POA)

These are the official guidelines that every facility uses. The importance of familiarizing yourself with these instructions cannot be stressed enough. Not only are these guidelines actual rules and regulations, not following them will result in the loss of thousands of dollars from inaccurate reimbursements.

The following are examples of guideline use:
Patient comes in with carcinoma of the breast, metastasis to the bone. The chapter-specific guidelines should be referred to in order to address the question of what diagnosis to sequence first. Is the carcinoma of the breast a history of, or is the patient currently being treated for the carcinoma of the breast? Refer to Chapter 2. NEOPLASMS (140–239) General Guidelines, letters a through h to address the coder’s questions.

- **A patient is seen in the clinic for Insulin dependent diabetes mellitus.** The coder should go to Chapter 3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240–279) for instructions on how to code diabetes mellitus diagnosis and complications.

These are just a few of the chapter-specific coding guidelines.

Reference