



Clinical Coding Accuracy in ICD-10-CM STEPS FOR CODING PROFESSIONALS

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Clinical coding accuracy continues to be critical to revenue cycle, data integrity, disease management, research, population health, and reimbursement. Coding professionals sometimes hear from non-coding professionals that clinical “coding” is easy and simply includes looking up a code in a book. This article takes a closer look at the complete steps to accurate coding for which coding professionals are responsible.

Health information management (HIM) coding professionals are taught that for ICD-10-CM diagnostic coding, one must use both the alphabetic index and tabular sections of the classification system in order to identify and assign a code within all health care settings. The ICD-10-CM Official Guidelines for Coding and Reporting (2019) direct the coding professional to use the alpha and tabular on the very first page:

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 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 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.

The “conventions” within section I of the guidelines provide more detail on the process of selecting or identifying a correct ICD-10-CM code:

These conventions are incorporated within the Alphabetic Index and Tabular List of the ICD-10-CM as instructional notes. 1. The Alphabetic Index and Tabular List: The ICD-10-CM is divided into the Alphabetic Index, an alphabetical list of terms and their corresponding code, and the Tabular List, a structured list of codes divided into chapters based on body system or condition. The Alphabetic Index consists

of the following parts: the Index of Diseases and Injury, the Index of External Causes of Injury, the Table of Neoplasms, and the Table of Drugs and Chemicals.

Format and Structure: The ICD-10-CM Tabular List contains categories, subcategories, and codes. Characters for categories, subcategories, and codes may be either a letter or a number. All categories are 3 characters. A three-character category that has no further subdivision is equivalent to a code. Subcategories are either 4 or 5 characters. Codes may be 3, 4, 5, 6, or 7 characters. That is, each level of subdivision after a category is a subcategory. The final level of subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character.

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Clearly, coding professionals must read the wording in the conventions carefully to fully grasp the directions and impact on code selection. Reading through the conventions multiple times is often needed. The steps to take for accurate diagnostic coding require coding professionals to follow the coding classification instructions and conventions first because these take precedence over the guidelines, as stated above.

All coding professionals must realize that to achieve accurate coding, following detailed steps and processes beyond simply checking the alpha and tabular is required. The steps to accurate coding include:

1. Once the diagnosis, disease, or condition is identified, use the ICD-10-CM alphabetic index. Words and terminology are listed in alphabetic order; the main term is in bold type and listed on the far left. Locate the main term and check for any nonessential modifiers.
 - The nonessential modifiers apply to subterms following a main term, except when a nonessential modifier and a subentry are mutually exclusive, the subentry takes precedence.
2. Look at the subterms related to the main term. The subterms are listed below the main term for the specific word or term as well. Subterms will be indented to the right, under the main term and appear in regular type. Always check synonyms and alternate words.
3. Follow any instructions (i.e., cross references, see also) provided within the alphabetic index. Also, review chapter-specific guidelines for the code(s) identified when using the alphabetic index. However, remember that the alphabetic listing is only the initial step, the code must be confirmed and validated in the tabular and all other instructional notes must be read and followed.
4. In the tabular, review the chapter instructions found at the very beginning of the tabular chapter for the directed code.
5. Always carefully read the code title and check for other tabular instructional notes at the category and subcategory level that could impact the code selection. These can be above the tabular code that the alphabetic index directed.
6. Next, check in the tabular again. This time check for the full selection of characters and the description for a complete code in the selection process. Follow any

tabular instructions at the code level, category level, and any reference to other code(s). Check for any laterality, 7th character and encounter requirements, etc. Review clinical documentation in the health record again at this point to ensure the correct title and description.

7. Depending on the coding book or encoder/software used, a notation may be provided that would appear near or next to the selected code; this indicates that AHA Coding Clinic has issued some guidance regarding the code about to be selected. This is important and indicates further review by checking AHA Coding Clinic and reviewing that code specific guidance before making a final code selection.
8. Once all of the above steps are completed, the code selection can be made.

The steps and processes to identify or select the correct ICD-10-CM are not simple. It takes knowledge, skill, and continual learning to be a coding professional and to code accurately. The coding professional cannot assign, select, or use an ICD-10-CM code from the alphabetic index alone. Accurate coding can be achieved only when taking all the necessary steps and conducting verification of the code selection.

References

Centers for Medicare and Medicaid Services. (2019) ICD-10-CM Official Guidelines for Coding and Reporting. Retrieved from cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf

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