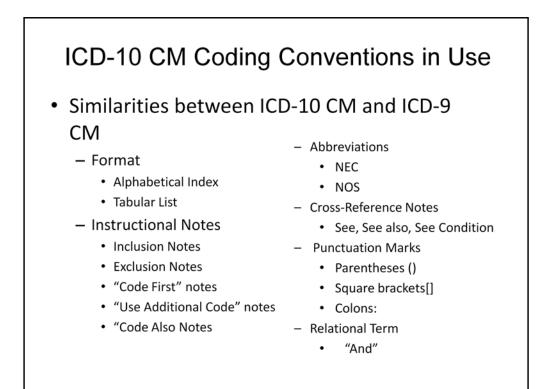


In this presentation, we explain the GEMS and why providers and coders should know what GEMs are, but they should not use them for coding patient medical records.

ICD-10 CM Coding Convention in Use

- Determining from the medical documentation, the conditions that need to be coded, following the ICD-10 rules. 1.Using the Alphabetical Index (Vol 2) to locate the condition and allocate the code
- 2. Using the Tabular List (Vol 1) to ascertain that the code found in the Index is correct by reviewing all coding instructions related to that code (e.g. inclusion note, exclusion note).
- 3. Using the current ICD-10 CM Official Coding Guidelines and the American Hospital Association (AHA) Coding Clinics for detailed interpretation of coding rules.
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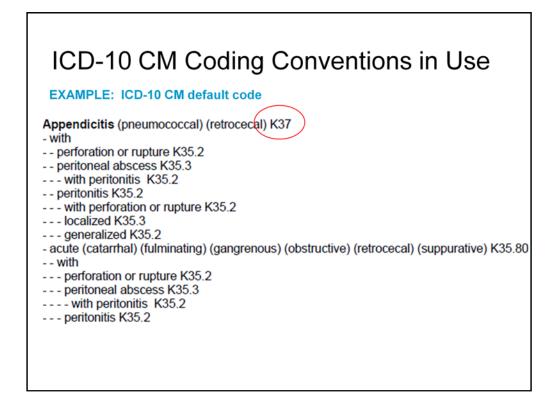


This is a summary of the similarities between ICD-10 CM and ICD-9 CM. These similarities should give the medical coder a comfort level with the new code set. Next, we will look at some differences.

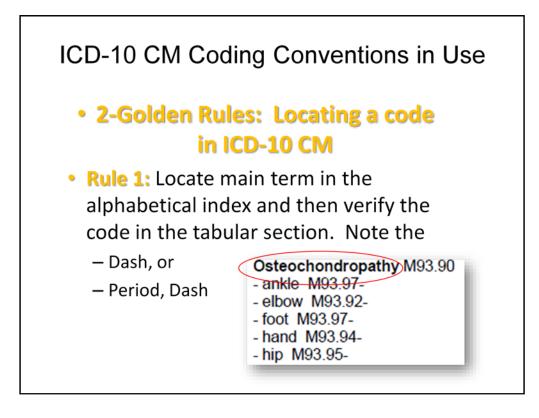
ICD-10 CM Coding Conventions in Use

- Differences between ICD-10 CM and ICD-9 CM
 - Conventions: ICD-10 CM Default Codes
 - A code listed: A code listed next to a main term in the ICD-10-CM Index is referred to as a default code. The default code represents that condition that is most commonly associated with the main term, or is the unspecified code for the condition

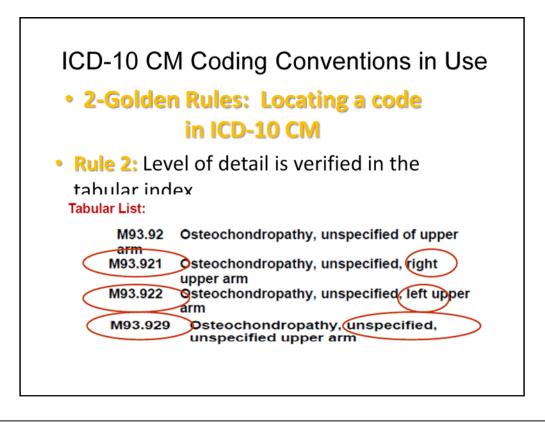
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An example of an ICD-10 CM default code would be, if a condition is documented in a medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned.



It is essential to use both the Index and Tabular List when locating and assigning a code. The Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular list. A dash (-) at the end of an Index entry indicates that additional characters are required.



Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular list to verify that no 7th character is required. Codes with three digits are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater detail.

