Medical Coding: Diagnosis Coding

Before you begin coding, read through the medical record. Are there any terms you do not understand? Highlight unfamiliar words and research for understanding.

1. Find the diagnosis in the medical record documentation. This information usually is found in:
    - Evaluation and Management Documentation - the assessment and plan for the patient's care.
    - Progress notes or procedure notes - The findings or the assessment and plan for the patient's care.
    - Operative reports - usually documented in the header portion. Use the post-operative diagnosis unless there are further defined diagnoses or additional diagnoses found in the body of the operative report. If a pathology report is available, use the findings from the pathology report.

What are the diagnoses? _____

2. Are any of the diagnoses listed considered symptoms? Are they symptoms of the definitive diagnosis? If you are unsure, research the definitive diagnosis.

    ☐ Yes - do not report the symptoms unless specified by notes found in the ICD-10-CM code book for your definitive diagnosis.

    ☐ No - report the symptoms in addition to any definitive diagnosis.

3. Determine the main term of the diagnosis documented in the medical record. The main term is the disease, illness, or condition of the patient.

What is the main term? _____

4. Look for the main term in the ICD-10-CM Alphabetic Index. There may be additional descriptive terms that affect code selection. For example, are there essential modifiers, such as chronic or acute? Review all sub terms to determine the most specific code. Review all see and see also notes. When looking for a code in the Alphabetic Index, you may not be able to find the exact words the provider has used in his documentation. You may need to read through the operative report or other medical record documentation to find details for the diagnosis.

Are there any sub terms that apply to the diagnosis documented? _____

What is the code you are directed to? _____

5. In the Tabular List, refer to the code referenced in the Alphabetic Index. Review all the guideline references, includes, excludes, and use additional code notations to verify accuracy of the code. The notations and conventions in the ICD-10-CM code book provide hints to you when a more appropriate code should be reported. Information also is provided when more than one code is required to report a diagnosis accurately.

Are there any includes, excludes, use additional notes, or other coding notes that apply to your code selection?

_____

6. Review the ICD-10-CM guidelines for that ICD-10-CM chapter to see if there are any guidelines specific to the codes chosen that may alter the coding reported.

Do any of the ICD-10-CM coding guidelines apply to the selected code?

_____

7. Sequencing diagnosis codes. The first listed diagnosis is:
    - Evaluation and Management Documentation - The primary reason for the visit to the provider.
    - Progress notes or procedure notes - The primary reason for the visit to the provider.
    - Operative reports - The reason the procedure was performed.

Are there guidelines that specify the sequencing of the diagnosis codes?

☐ Yes - follow the guidelines.

☐ No - report in order of severity.

Diagnosis Coding: Worksheet

Before you begin coding, read through the medical record. Are there any terms you do not understand? Highlight unfamiliar words and research for understanding.

1. What are the diagnoses? _____

2. Are any of the diagnoses listed considered symptoms? Are they symptoms of the definitive diagnosis? If you are unsure, research the definitive diagnosis. ☐ Yes ☐ No

3. What is the main term? _____

4. Are there any sub terms that apply to the diagnosis documented? What codes are you directed to?

_____

5. Are there any guideline references, includes, excludes, use additional notes, or other coding notes that apply to your code selection?

_____

6. Do any of the ICD-10-CM coding guidelines apply to the selected code?

_____

7. What is the first listed code?

_____

8. What are the additional codes?

_____

_____