



Western Technical College

10530197 ICD Diagnosis Coding

Course Outcome Summary

Course Information

Description	Prepares students to assign ICD diagnosis codes supported by medical documentation. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD diagnosis codes to case studies and actual medical record documentation.
Career Cluster	Health Science
Instructional Level	Associate Degree Courses
Total Credits	3
Total Hours	72

Pre/Corequisites

Prerequisite	10530182 Human Diseases for Hlth Profes
Prerequisite	10530162 Foundations of HIM

Textbooks

ICD-10-CM: Expert for Physicians 2024. Copyright 2024. Optum360. Publisher: Cengage Learning. **ISBN-13:** 978-1-62254-878-1. Required.

Basic ICD-10-CM and ICD-10-PCs Coding – 2024. Copyright 2024. Schrafenberger, Lou Ann. Publisher: American Health Information Management Association. **ISBN-13:** 978-1-58426-938-0. Required.

Learner Supplies

Internet and E-mail access, Microsoft Office (Word, PowerPoint, Access, Excel). Free access with Western student email address from <https://login.microsoftonline.com/>. **Vendor:** To be discussed in class. Required.

Success Abilities

1. Live Responsibly: Develop Resilience
2. Live Responsibly: Embrace Sustainability
3. Live Responsibly: Foster Accountability
4. Refine Professionalism: Participate Collaboratively

Program Outcomes

1. HIT - Apply coding and reimbursement systems
2. HIT - Model professional behaviors and ethics

Course Competencies

1. EXAMINE the ICD-10-CM classification system

Assessment Strategies

- 1.1. Oral, written or graphic assessment

Criteria

Your performance will be successful when:

- 1.1. you describe the history and evolution of the ICD-10-CM classification system
- 1.2. you describe the purpose and application of the ICD-10-CM classification system
- 1.3. you describe the purpose and application of the ICD-10-CM Official Guidelines for Coding and Reporting
- 1.4. you describe the review and maintenance of the ICD-10-CM classification system and associated Official Guidelines for Coding and Reporting
- 1.5. you describe the arrangement and application of conventions (symbols, punctuation and instructional notes) of the ICD-10-CM code book
- 1.6. you describe the organization, content and use of the ICD-10-CM Official Guidelines for Coding and Reporting

Learning Objectives

- 1.a. Describe the major objectives that guided the development of ICD-10-CM.
- 1.b. Identify the developers and cooperating parties involved in the creation of ICD-10-CM.
- 1.c. Identify settings using ICD-10-CM.
- 1.d. Differentiate between the purpose and applications of the ICD-10-CM (clinical modification) and ICD-10-PCS (procedure coding system).
- 1.e. Explain the impact to medical documentation as a result of ICD-10.
- 1.f. Summarize how the ICD-10-CM Official Guidelines for Coding and Reporting are updated and how this is communicated to coders.
- 1.g. Describe the layout of the ICD-10-CM coding manual.
- 1.h. Identify the structure of an ICD-10-CM diagnosis code.
- 1.i. Identify the layout, terminology and punctuation of the alphabetic Index and Tabular List of the ICD-10-CM code book.
- 1.j. Explain the purpose of coding guidelines.
- 1.k. Demonstrate how to use the ICD-10-CM Official Coding Guidelines for Coding and Reporting.

2. CODE infectious and parasitic diseases

Assessment Strategies

- 2.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 2.1. codes reflect the highest possible level of specificity
- 2.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 2.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 2.4. codes are supported by medical documentation
- 2.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 2.a. Identify the questions that must be answered before code assignment.
- 2.b. Interpret health record documentation to identify codeable diagnoses.
- 2.c. Collect (abstract) diagnostic statements from the medical record.
- 2.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 2.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 2.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 2.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 2.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 2.i. Perform code assignment manually or electronically.

3. CODE neoplasms

Assessment Strategies

- 3.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 3.1. codes reflect the highest possible level of specificity
- 3.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 3.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 3.4. codes are supported by medical documentation
- 3.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 3.a. Identify the questions that must be answered before code assignment.
- 3.b. Interpret health record documentation to identify codeable diagnoses.
- 3.c. Collect (abstract) diagnostic statements from the medical record.
- 3.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 3.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 3.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 3.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 3.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 3.i. Perform code assignment manually or electronically.

4. CODE diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Assessment Strategies

- 4.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 4.1. codes reflect the highest possible level of specificity
- 4.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 4.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 4.4. codes are supported by medical documentation
- 4.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 4.a. Identify the questions that must be answered before code assignment.
- 4.b. Interpret health record documentation to identify codeable diagnoses.
- 4.c. Collect (abstract) diagnostic statements from the medical record.
- 4.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 4.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 4.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 4.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 4.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 4.i. Perform code assignment manually or electronically.

5. CODE endocrine, nutritional and metabolic diseases

Assessment Strategies

- 5.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 5.1. codes reflect the highest possible level of specificity
- 5.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 5.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 5.4. codes are supported by medical documentation
- 5.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 5.a. Identify the questions that must be answered before code assignment.
- 5.b. Interpret health record documentation to identify codeable diagnoses.
- 5.c. Collect (abstract) diagnostic statements from the medical record.
- 5.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 5.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 5.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 5.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 5.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 5.i. Perform code assignment manually or electronically.

6. CODE mental and behavioral disorders

Assessment Strategies

- 6.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 6.1. codes reflect the highest possible level of specificity
- 6.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 6.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 6.4. codes are supported by medical documentation
- 6.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 6.a. Identify the questions that must be answered before code assignment.
- 6.b. Interpret health record documentation to identify codeable diagnoses.
- 6.c. Collect (abstract) diagnostic statements from the medical record.
- 6.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 6.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines

- 6.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 6.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 6.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 6.i. Perform code assignment manually or electronically.

7. CODE diseases of the nervous system

Assessment Strategies

- 7.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 7.1. codes reflect the highest possible level of specificity
- 7.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 7.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 7.4. codes are supported by medical documentation
- 7.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 7.a. Identify the questions that must be answered before code assignment.
- 7.b. Interpret health record documentation to identify codeable diagnoses.
- 7.c. Collect (abstract) diagnostic statements from the medical record.
- 7.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 7.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 7.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 7.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 7.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 7.i. Perform code assignment manually or electronically.

8. CODE diseases of the eye and adnexa

Assessment Strategies

- 8.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 8.1. codes reflect the highest possible level of specificity
- 8.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 8.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 8.4. codes are supported by medical documentation
- 8.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 8.a. Identify the questions that must be answered before code assignment.
- 8.b. Interpret health record documentation to identify codeable diagnoses.
- 8.c. Collect (abstract) diagnostic statements from the medical record.
- 8.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 8.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 8.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 8.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 8.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 8.i. Perform code assignment manually or electronically.

9. CODE diseases of the ear and mastoid process

Assessment Strategies

9.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 9.1. codes reflect the highest possible level of specificity
- 9.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 9.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 9.4. codes are supported by medical documentation
- 9.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 9.a. Identify the questions that must be answered before code assignment.
- 9.b. Interpret health record documentation to identify codeable diagnoses.
- 9.c. Collect (abstract) diagnostic statements from the medical record.
- 9.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 9.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 9.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 9.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 9.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 9.i. Perform code assignment manually or electronically.

10. CODE diseases of the circulatory system

Assessment Strategies

10.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 10.1. codes reflect the highest possible level of specificity
- 10.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 10.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 10.4. codes are supported by medical documentation
- 10.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 10.a. Identify the questions that must be answered before code assignment.
- 10.b. Interpret health record documentation to identify codeable diagnoses.
- 10.c. Collect (abstract) diagnostic statements from the medical record.
- 10.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 10.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 10.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 10.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 10.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 10.i. Perform code assignment manually or electronically.

11. CODE diseases of the respiratory system

Assessment Strategies

11.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 11.1. codes reflect the highest possible level of specificity
- 11.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 11.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum

- data set) reporting guidelines
- 11.4. codes are supported by medical documentation
- 11.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 11.a. Identify the questions that must be answered before code assignment.
- 11.b. Interpret health record documentation to identify codeable diagnoses.
- 11.c. Collect (abstract) diagnostic statements from the medical record.
- 11.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 11.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 11.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 11.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 11.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 11.i. Perform code assignment manually or electronically.

12. CODE diseases of the digestive system

Assessment Strategies

- 12.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 12.1. codes reflect the highest possible level of specificity
- 12.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 12.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 12.4. codes are supported by medical documentation
- 12.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 12.a. Identify the questions that must be answered before code assignment.
- 12.b. Interpret health record documentation to identify codeable diagnoses.
- 12.c. Collect (abstract) diagnostic statements from the medical record.
- 12.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 12.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 12.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 12.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 12.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 12.i. Perform code assignment manually or electronically.

13. CODE diseases of the skin and subcutaneous tissue

Assessment Strategies

- 13.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 13.1. codes reflect the highest possible level of specificity
- 13.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 13.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 13.4. codes are supported by medical documentation
- 13.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 13.a. Identify the questions that must be answered before code assignment.
- 13.b. Interpret health record documentation to identify codeable diagnoses.
- 13.c. Collect (abstract) diagnostic statements from the medical record.

- 13.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 13.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 13.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 13.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 13.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 13.i. Perform code assignment manually or electronically.

14. CODE diseases of the musculoskeletal system and connective tissue

Assessment Strategies

- 14.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 14.1. codes reflect the highest possible level of specificity
- 14.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 14.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 14.4. codes are supported by medical documentation
- 14.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 14.a. Identify the questions that must be answered before code assignment.
- 14.b. Interpret health record documentation to identify codeable diagnoses.
- 14.c. Collect (abstract) diagnostic statements from the medical record.
- 14.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 14.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 14.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 14.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 14.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 14.i. Perform code assignment manually or electronically.

15. CODE diseases of the genitourinary system

Assessment Strategies

- 15.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 15.1. codes reflect the highest possible level of specificity
- 15.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 15.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 15.4. codes are supported by medical documentation
- 15.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 15.a. Identify the questions that must be answered before code assignment.
- 15.b. Interpret health record documentation to identify codeable diagnoses.
- 15.c. Collect (abstract) diagnostic statements from the medical record.
- 15.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 15.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 15.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 15.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 15.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 15.i. Perform code assignment manually or electronically.

16. CODE conditions associated with pregnancy, childbirth and the puerperium

Assessment Strategies

- 16.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 16.1. codes reflect the highest possible level of specificity
- 16.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 16.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 16.4. codes are supported by medical documentation
- 16.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 16.a. Identify the questions that must be answered before code assignment.
- 16.b. Interpret health record documentation to identify codeable diagnoses.
- 16.c. Collect (abstract) diagnostic statements from the medical record.
- 16.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 16.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 16.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 16.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 16.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 16.i. Perform code assignment manually or electronically.

17. CODE conditions originating in the perinatal period

Assessment Strategies

- 17.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 17.1. codes reflect the highest possible level of specificity
- 17.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 17.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 17.4. codes are supported by medical documentation
- 17.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 17.a. Identify the questions that must be answered before code assignment.
- 17.b. Interpret health record documentation to identify codeable diagnoses.
- 17.c. Collect (abstract) diagnostic statements from the medical record.
- 17.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 17.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 17.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 17.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 17.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 17.i. Perform code assignment manually or electronically.

18. CODE congenital malformations, deformations and chromosomal abnormalities

Assessment Strategies

- 18.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 18.1. codes reflect the highest possible level of specificity
- 18.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 18.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 18.4. codes are supported by medical documentation
- 18.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 18.a. Identify the questions that must be answered before code assignment.
- 18.b. Interpret health record documentation to identify codeable diagnoses.
- 18.c. Collect (abstract) diagnostic statements from the medical record.
- 18.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 18.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 18.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 18.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 18.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 18.i. Perform code assignment manually or electronically.

19. CODE symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Assessment Strategies

- 19.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 19.1. codes reflect the highest possible level of specificity
- 19.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 19.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 19.4. codes are supported by medical documentation
- 19.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 19.a. Identify the questions that must be answered before code assignment.
- 19.b. Interpret health record documentation to identify codeable diagnoses.
- 19.c. Collect (abstract) diagnostic statements from the medical record.
- 19.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 19.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 19.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 19.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 19.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 19.i. Perform code assignment manually or electronically.

20. CODE injuries, poisoning and certain other consequences of external causes

Assessment Strategies

- 20.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 20.1. codes reflect the highest possible level of specificity
- 20.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 20.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 20.4. codes are supported by medical documentation
- 20.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 20.a. Identify the questions that must be answered before code assignment.
- 20.b. Interpret health record documentation to identify codeable diagnoses.
- 20.c. Collect (abstract) diagnostic statements from the medical record.
- 20.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 20.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 20.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 20.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 20.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 20.i. Perform code assignment manually or electronically.

21. **CODE external causes of morbidity**

Assessment Strategies

- 21.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 21.1. codes reflect the highest possible level of specificity
- 21.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 21.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 21.4. codes are supported by medical documentation
- 21.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 21.a. Identify the questions that must be answered before code assignment.
- 21.b. Interpret health record documentation to identify codeable diagnoses.
- 21.c. Collect (abstract) diagnostic statements from the medical record.
- 21.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 21.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 21.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 21.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 21.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 21.i. Perform code assignment manually or electronically.

22. **CODE factors influencing health status and contact with health services**

Assessment Strategies

- 22.1. Coding scenario or case study

Criteria

Your performance will be successful when:

- 22.1. codes reflect the highest possible level of specificity
- 22.2. codes comply with all ICD-10-CM coding conventions and Official Guidelines for Coding and Reporting
- 22.3. multiple codes are assigned and sequenced in compliance with UHDDS (or other specified minimum data set) reporting guidelines
- 22.4. codes are supported by medical documentation
- 22.5. other abstracted data is accurate and complete (when applicable)

Learning Objectives

- 22.a. Identify the questions that must be answered before code assignment.
- 22.b. Interpret health record documentation to identify codeable diagnoses.
- 22.c. Collect (abstract) diagnostic statements from the medical record.
- 22.d. Perform the steps required to use the Alphabetic Index of ICD-10-CM.
- 22.e. Differentiate the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines
- 22.f. Apply the steps for accurate and appropriate diagnostic coding by body system, signs and symptoms, external cause and other chapter specific guidelines

- 22.g. Perform the steps required to use the Tabular List of the ICD-10-CM.
- 22.h. Determine proper code(s) in terms of specificity, totality, sequencing and ethical coding practices.
- 22.i. Perform code assignment manually or electronically.