



Western Technical College

10530199 ICD Procedure Coding

Course Outcome Summary

Course Information

Description	Prepares students to assign ICD procedure codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD procedure codes to case studies and actual medical record documentation.
Career Cluster	Health Science
Instructional Level	Associate Degree Courses
Total Credits	2
Total Hours	54

Pre/Corequisites

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

Textbooks

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.

ICD-10-PCs Expert 2024. Copyright 2024. Optum360. Publisher: Cengage Learning. **ISBN-13**: 978-1-62254-888-0. Required.

ICD-10-PCS 2023: Applied Approach. Copyright 2023. Kuehn, Lynn. Publisher: American Health Information Management Association. **ISBN-13**: 978-1-58426-882-6. 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. Refine Professionalism: Participate Collaboratively

Program Outcomes

1. HIT - Apply coding and reimbursement systems

Course Competencies

1. EXAMINE the ICD-10-PCS 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-PCS classification system
- 1.2. you describe the purpose and application of the ICD-10-PCS classification system
- 1.3. you describe the purpose and application of the ICD-10-PCS Official Guidelines for Coding and Reporting
- 1.4. you describe the review and maintenance of the ICD-10-PCS classification system and associated Official Guidelines for Coding and Reporting
- 1.5. you identify the meaning of the seven characters that make up a complete ICD-10-PCS code within each section/procedure category
- 1.6. you describe the arrangement and application of conventions (symbols, punctuation and instructional notes) of the ICD-10-PCS code book
- 1.7. you describe the organization, content and use of the ICD-10-PCS Official Guidelines for Coding and Reporting

Learning Objectives

- 1.a. Describe the major objectives that guided the development of ICD-10-PCS.
- 1.b. Identify the developers and cooperating parties involved in the creation of the ICD-10-CM.
- 1.c. Identify the settings in which ICD-10-PCS is used.
- 1.d. Summarize the impact to medical documentation as a result of the implementation of ICD-10.
- 1.e. Describe the layout and the guidelines of the ICD-10-PCS.
- 1.f. Identify the characters that make up an ICD-10-PCS code and identify each character's purpose.
- 1.g. Describe the terminology used in the layout and structure of the ICD-10-PCS code book (tables, index and List of Codes).
- 1.h. Define what a table is and how it is used when creating an ICD-10-PCS code.
- 1.i. Identify the sections of the ICD-10-PCS and what each section is used for.
- 1.j. Explain the purpose of coding guidelines.
- 1.k. Demonstrate how to use the ICD-10-PCS Official Coding Guidelines for Coding and Reporting.

2. ASSIGN codes for medical/surgical root operations that take out some or all of a body part (Excision, Resection, Extraction, Destruction, Detachment)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 2.3. multiple codes are assigned and sequenced in compliance with UHDDS 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. Define the root operation Excision.
- 2.b. Differentiate between a diagnostic and therapeutic excision.
- 2.c. Define the root operation Resection.
- 2.d. Differentiate between the root operations Excision and Resection.
- 2.e. Explain the hierarchical coding of diagnostic excision (biopsy), therapeutic excision and resection.
- 2.f. Differentiate between the coding for excision of individual lymph node(s) vs. that for excision of an entire lymph node chain.
- 2.g. Define the root operation Extraction.
- 2.h. Determine the root operation used for coding bone marrow and endometrial biopsies.
- 2.i. Define the root operation Destruction.
- 2.j. Define the root operation Detachment.
- 2.k. Define the qualifiers used when coding detachment root procedures.
- 2.l. Differentiate between complete and partial amputation.
- 2.m. Identify the coding for body parts that are located near a joint but where a specific body part value does not exist.
- 2.n. Identify the objective of given procedures to identify the root procedure.
- 2.o. Identify the approach of given procedures.
- 2.p. Identify devices used that affect code assignment.
- 2.q. Perform code assignment manually or electronically

3. ASSIGN codes for medical/surgical root operations involving cutting or separation only (Division, Release)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 3.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 3.c. Collect (abstract) procedural statements from the medical record.
- 3.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 3.e. Describe the differences and similarities between related root operations.
- 3.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 3.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 3.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 3.i. Perform code assignment manually or electronically.

4. ASSIGN codes for medical/surgical root operations that take out or eliminate solid matter, fluids or gases from a body part (Drainage, Extirpation, Fragmentation)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 4.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 4.c. Collect (abstract) procedural statements from the medical record.
- 4.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 4.e. Describe the differences and similarities between related root operations.
- 4.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 4.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 4.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 4.i. Perform code assignment manually or electronically,

5. Assign codes for medical/surgical root operations that involve putting in or on, putting back or moving living body parts (Transplantation, Reattachment, Reposition, Transfer)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 5.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 5.c. Collect (abstract) procedural statements from the medical record.
- 5.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 5.e. Describe the differences and similarities between related root operations.
- 5.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 5.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 5.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 5.i. Perform code assignment manually or electronically.

6. ASSIGN codes for medical/surgical root operations that alter the diameter/route of a tubular body part (Bypass, Dilation, Occlusion, Restriction)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 6.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 6.c. Collect (abstract) procedural statements from the medical record.
- 6.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 6.e. Describe the differences and similarities between related root operations.
- 6.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 6.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 6.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 6.i. Perform code assignment manually or electronically.

7. ASSIGN codes for medical/surgical root operations that always involve a devices (Insertion, Replacement, Supplement, Removal, Change, Revision)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 7.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 7.c. Collect (abstract) procedural statements from the medical record.
- 7.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 7.e. Describe the differences and similarities between related root operations.
- 7.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 7.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 7.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 7.i. Perform code assignment manually or electronically

8. ASSIGN codes for medical/surgical root operations involving examination only (Inspection, Map)

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-PCS coding conventions and Official Guidelines for Coding and Reporting

- 8.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 8.c. Collect (abstract) procedural statements from the medical record.
- 8.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 8.e. Describe the differences and similarities between related root operations.
- 8.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 8.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 8.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 8.i. Perform code assignment manually or electronically.

9. ASSIGN codes for medical/surgical root operations involving other repairs (Control, Repair)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 9.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 9.c. Collect (abstract) procedural statements from the medical record.
- 9.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 9.e. Describe the differences and similarities between related root operations.
- 9.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 9.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 9.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 9.i. Perform code assignment manually or electronically.

10. ASSIGN codes for medical/surgical root operations with other objectives (Alteration, Creation, Fusion)

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 10.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 10.c. Collect (abstract) procedural statements from the medical record.
- 10.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 10.e. Describe the differences and similarities between related root operations.
- 10.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 10.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 10.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 10.i. Perform code assignment manually or electronically.

11. **ASSIGN codes for obstetrical root operations (Abortion, Delivery)**

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 11.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 11.c. Collect (abstract) procedural statements from the medical record.
- 11.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 11.e. Describe the differences and similarities between related root operations.
- 11.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 11.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 11.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 11.i. Perform code assignment manually or electronically

12. **ASSIGN codes for other ICD-10-PCS procedure sections**

Assessment Strategies

- 12.1. Oral, written or graphic assessment

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-PCS coding conventions and Official Guidelines for Coding and Reporting
- 12.3. multiple codes are assigned and sequenced in compliance with UHDDS 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 procedures.
- 12.c. Collect (abstract) procedural statements from the medical record.
- 12.d. Describe the guidelines, conventions and instructional notes as they apply to the procedure codes found in ICD-10-CM.
- 12.e. Describe the differences and similarities between related root operations.

- 12.f. Perform a logical and consistent search in the index for the appropriate root operation and determine the best table reference from that search.
- 12.g. Apply section specific guidelines (16 sections) and use the index and tables to select the correct codes from sections 0 through 9 and B, C, D, F, G and H of the ICD-10-PCS coding manual.
- 12.h. Apply the general and root operation specific guidelines and ethical coding practices to select proper codes.
- 12.i. Perform code assignment manually or electronically