ICD-10 CLASSIFICATION SYSTEMS INFORMATION

The Centers for Medicare & Medicaid Services (CMS) website provides useful information regarding the ICD-10-CM and ICD-10-PCS classification systems. It includes:

**The most recent meeting materials** for the ICD Coordination and Maintenance (C&M) Committee pertaining to ICD-10-PCS. These materials include:

- The meeting agenda with detailed information on proposed codes
- Important dates relating to the C&M and ICD-10-PCS codes
- Upcoming ICD-10-PCS addenda and key updates

CPT® / HCPCS CODING MATERIALS

For reporting outpatient and professional services, you will find helpful information through:

**A Medicare Physician Fee lookup tool** that allows you to search using any combination of the following criteria:

- Pricing amounts, payment policy indicators, relative value units (RVUs) and geographic practice cost index (GPCI)
- CPT/HCPCS procedure codes
- National payment amount, Medicare Administrative Contractor (MAC) or MAC locality

**The Medicare Claims Processing Manual**, which provides 38 chapters covering the claims processing instructions for Medicare services. Many chapters provide useful coding information as well.

**TIP:** Bookmark the manual rather than downloading to ensure you have the most recent version.

**Access to the entire Medicare Coverage Database**, which can be searched by document ID or type, keyword or CPT/HCPCS code, and includes:

- Local Coverage Determinations (LCDs)
- National Coverage Determinations (NCDs)
- Local coverage articles

LOOKING FOR HELP WITH THE ICD-10-CM CODE PROCESS?

Head to the Centers for Disease Control (CDC) website and find the ICD-10-CM code meeting materials here.
Inpatient prospective payment system (IPPS) coding can be challenging, especially when coding guidance for the ICD-10-CM/PCS classification is scarce or conflicting. The CMS website can help provide clarification through:

**MS-DRG Guidance**

To verify a MS-DRG result that seems incorrect, it can be useful to refer to the Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, which:

- Can be shown in MS-DRG order or Major Diagnostic Category (MDC) order
- Lists ICD-10-CM and ICD-10-PCS codes included in the MS-DRG
- May also include guidance on sequencing and discharge disposition assignment

Appendices listed at the bottom of the definitions manual provide complete listings of codes identified as:

- Complications or Comorbidities (CCs)
- Major Complications or Comorbidities (MCCs)
- Operating Room Procedures
- Hospital-Acquired Conditions (HACs)

**IPPS Guidance**

The Definition of Medicare Code Edits (MCE) file is located on the FY 2019 Final Rule and Correction Notice Data Files page and can also be downloaded here from the Acute Inpatient PPS, MS-DRG Classifications and Software page.

Refer to this file if you need help with questions on an MCE edit. It includes:

- Information on codes included in an edit and an explanation of criteria that triggered an edit such as:
  - Gender- and age-specific ICD-10-CM codes
  - Non-covered ICD-10-PCS procedure codes

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Created by coders, the knowledge-based TruCode Encoder works the way coders think. Its intuitive design and streamlined workflow enable coders to more quickly and accurately assign codes. To learn more, visit www.TruCode.com.