

# 2 FORMATS AND CONVENTIONS OF DIAGNOSIS CODING SYSTEMS

**Learning Outcomes** After completing this chapter, students should be able to

- 2.1** Explain the layout of the ICD-9-CM and ICD-10-CM manuals.
- 2.2** Differentiate between the organization of the ICD-9-CM and ICD-10-CM manuals.
- 2.3** Define the terms and phrases used in ICD-9-CM and ICD-10-CM that provide instructions for coding and sequencing.
- 2.4** Explain how punctuation in the code book provides guidance for the coder.
- 2.5** Interpret abbreviations that are used in the code book.

## Key Terms

alphabetic index  
and  
brackets  
category  
code also  
code first  
colon  
conventions  
excludes  
excludes1  
excludes2  
guidelines  
includes  
nonessential modifiers  
Not Elsewhere Classifiable  
(NEC)  
Not Otherwise Specified  
(NOS)  
parentheses  
placeholder  
sections  
see  
see also  
subcategory  
tabular list  
use additional code  
with



## Spotlight on A&P

The terminology focus in this chapter is on terms used in instructional notations in the coding manual. Start preparing for future chapters by reviewing medical terminology and anatomy and physiology (A&P) related to the chapters outlined in LO 2.2.

# Introduction

Coding requires the use of a code book, or coding manual, an organized list of codes with helpful instructions about each code. This chapter will show you the basic organization of both the ICD-9-CM and the ICD-10-CM manuals and point out what has changed in ICD-10-CM. Because coding also makes use of medical language, which can have different terms, abbreviations, or punctuation than regular written language, this chapter will also introduce you to the instructional terminology, phrases, punctuation, and abbreviations that are used in these manuals.

## 2.1 Layout of the Code Book

When learning how to code, your first step is to get to know your code book. The code book is full of tools to assist you in complete and accurate reporting. Most coders have never read a code book from cover to cover. However, it is important to become familiar with everything between those two covers, so that you will know what you are looking for and how to find it.

Official **conventions** and **guidelines** are located in the front of most ICD-9-CM, ICD-10-CM, and ICD-10-PCS code books. ICD-9-CM consists of three volumes. Volume 2 is the **Alphabetic Index** to Diseases and Injuries, organized alphabetically by main term. Contained within Volume 2 is also the Table of Drugs and Chemicals (Section II) and the Index to External Causes of Injury E Codes (Section III). Volume 1 is the **Tabular List** of Diseases. It contains a chronological listing of all diagnosis codes (001.0 - 999.9). Also contained within the Tabular are two supplementary classifications. V Codes describe Factors influencing Health Status and Contact with Health Services (V01.0 - V91.99). E Codes describe External Causes of Injury and Poisoning (E000.0 - E999.1). Volume 3 contains both an Alphabetic Index and Tabular List of procedure codes. Procedure codes are surgical in nature, requiring anesthesia and performed in an inpatient setting. This volume is only used by hospitals to report surgeries performed in their facilities. Volume 2 and Volume 1 can be used by both outpatient and hospital providers.

In contrast, ICD-10-CM includes only the alphabetic index and tabular list for diagnoses (Volumes 1 and 2 in ICD-9-CM). Volume 3 has been replaced by ICD-10-PCS, which consists of a system for building procedure codes. Coding guideline *I.A.1. The Alphabetic Index and Tabular List* in your code book addresses the presence of these parts of the coding system.

Within Volume 1—Tabular List of Diseases, chapters are subdivided into sections grouping different categories of codes. There are 17 chapters, all organized by etiology (cause of disease) or body system.

**conventions** Guidelines for how codes are selected and sequenced.

**guidelines** Instructions in the code book that provide helpful notes about how to assign codes in certain cases.

**alphabetic index** Alphabetic list of diagnoses and their associated codes.

**tabular list** Chronological list of codes.

**sections** Groupings of several categories of codes created by the subdivisions of chapter classifications.

### **CODING TIP** ▶

ICD-9-CM consists of three volumes, whereas ICD-10-CM consists of only two volumes. This is due to the development of ICD-10-PCS.

**category** The first three characters of both ICD-9-CM and ICD-10-CM diagnosis codes.

**subcategory** Additional characters beyond the category of ICD-9-CM and ICD-10-CM diagnosis codes.

**placeholder** The character X is inserted to hold the places of the 5th or 6th character in codes with six or seven characters if there is not a 5th or 6th character.

ICD-9-CM codes may contain up to five digits. ICD-10-CM codes may contain as many as seven digits. The expansion of the codes was done to allow for greater specificity in the coding system. The first three digits are referred to as the category and are followed by a decimal point. In ICD-9-CM there may be a 4th or 5th digit required for proper coding. In ICD-10-CM there may be a 4th, 5th, 6th or 7th digit required for proper coding. Some codes with six or seven characters may require the use of a **placeholder** character, X, if there is not a 5th or 6th character. Official instructions related to sections, categories, and characters in ICD-10-CM codes are found in the following coding guidelines:

- I.A.2. *Format and structure*
- I.A.3. *Use of codes for reporting purposes*
- I.A.4. *Placeholder character*
- I.A.5. *7th Characters*

### Think About It 2.1

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Some codes with six or seven characters require the use of a placeholder character of X if there is not a 5th or 6th character. Why shouldn't the code just skip the placeholder(s) and have fewer characters?

## 2.2 Comparison of ICD-9-CM and ICD-10-CM



One change from ICD-9-CM to ICD-10-CM is the inclusion of separate chapters for diseases of the eye, ear, and nervous system.

As coders are making the transition from ICD-9-CM to ICD-10-CM, it is helpful to compare the layout of the code books to note the similarities and differences. When comparing the titles of the chapters in the two coding systems, you may notice that the names of many chapters are identical or similar in wording. As shown in Table 2.1, the overall layout of the coding systems for diagnosis coding is very similar between ICD-9-CM and ICD-10-CM, as is the method of looking up codes. The codes themselves, however, look very different.

### CODING TIP

Even though the codes themselves are different, the overall layout and method of looking up codes are very similar between ICD-9-CM and ICD-10-CM.

### Think About It 2.2

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What differences do you notice in the comparison of the chapters between ICD-9-CM and ICD-10-CM? Which factors may have contributed to these differences?

**Table 2.1** Comparison of Chapter Titles and Code Ranges in ICD-9-CM and ICD-10-CM

ICD-10-CM Chapter Title	ICD-10-CM	ICD-9-CM
Certain Infectious and Parasitic Diseases	A00–B99	001–139
Neoplasms	C00–D49	140–239
Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism	D50–D89	280–289 (only includes diseases of blood and blood-forming organs)
Endocrine, Nutritional, and Metabolic Diseases	E00–E89	240–279 (also includes immunity disorders)
Mental and Behavioral Disorders	F01–F99	290–319
Diseases of the Nervous System	G00–G99	320–389 (Diseases of the Nervous System and Sense Organs)
Diseases of the Eye and Adnexa	H00–H59	
Diseases of the Ear and Mastoid Process	H60–H95	
Diseases of the Circulatory System	I00–I99	390–459
Diseases of the Respiratory System	J00–J99	460–519
Diseases of the Digestive System	K00–K94	520–579
Diseases of the Skin and Subcutaneous Tissue	L00–L99	680–709
Diseases of the Musculoskeletal System and Connective Tissue	M00–M99	710–739
Diseases of the Genitourinary System	N00–N99	580–629
Pregnancy, Childbirth, and the Puerperium	O00–O9a	630–677 (Complications of Pregnancy, Childbirth, and the Puerperium)
Certain Conditions Originating in the Perinatal Period	P00–P96	760–779
Congenital Malformations, Deformations, and Chromosomal Abnormalities	Q00–Q99	740–759 (Congenital Anomalies)
Symptoms, Signs, and Abnormal Clinical Laboratory Findings, Not Elsewhere Classified	R00–R99	780–799 (Symptoms, Signs, and Ill-Defined Conditions)
Injury Poisoning and Certain Other Consequences of External Causes	S00–T98	800–999 (Injury and Poisoning)
External Causes of Morbidity	V00–Y98	E800–E999 Supplementary Classification of External Causes of Injury and Poisoning
Factors Influencing Health Status and Contact with Health Services	Z00–Z99	V01–V83 Supplementary Classification of Factors Influencing Health Status and Contact with Health Services

**and** Means “and/or” when it appears in a title or narrative statement.

**with** Term used in the alphabetic index immediately following the main term, but not necessarily in alphabetic order.

**includes** Term that is accompanied by conditions that are examples of what may be included in a specific category.

**see** Term used to instruct the coder to refer to another term.

**see also** Term used to instruct the coder to refer to another term.

**code also** Instruction that tells the coder that more than one code must be assigned, but it does not imply any sequencing guidance.

**code first** Instructs the coder to assign the code for the underlying disease before the code for the manifestation of the disease and generally accompanies a manifestation code.

## 2.3 Terminology of the Coding Manual

To navigate the coding manual, it is necessary to understand the terminology used with instructional notes. Think about these instructional notes as road signs to help you navigate the highway to finding the correct code(s).

In the coding manual, the word **and** actually means “and/or” when it appears in a title or narrative statement. The term **with** is used in the alphabetic index immediately following the main term, but not necessarily in alphabetic order. **Includes** is accompanied by conditions that are examples of what may be included in a specific category. Figure 2.1 shows an example of the use of the term “includes” in the tabular list.

The terms **see** and **see also** are used to instruct the coder to refer to another term. The **code also** instruction tells the coder that more than one code must be assigned. However, it does not imply any sequencing guidance.

The phrase **code first** generally accompanies a manifestation code, and it instructs the coder to assign the code for the underlying disease before the code for the manifestation of the disease. The phrase **use additional code** generally accompanies a disease code to instruct the coder to also assign a secondary code, following the disease code, for any manifestations that exist for the case. Figure 2.2 demonstrates the use of “code first” and “use additional code,” both of which are explained in greater detail in Chapter 5 of this book.

<p><b>N70 Salpingitis and oophoritis</b> <b>Includes:</b> abscess (of) fallopian tube abscess (of) ovary pyosalpinx salpingo-oophoritis tubo-ovarian abscess tubo-ovarian inflammatory disease</p>
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**figure 2.1** Example of “Includes” in the Tabular List

### **R65 Symptoms and signs specifically associated with systemic inflammation and infection**

#### **R65.1 Systemic inflammatory response syndrome (SIRS) of non-infectious origin**

**Code first** underlying condition, such as:

heatstroke (T67.0)

injury and trauma (S00–T88)

**Excludes1:** sepsis- code to infection

severe sepsis (R65.2)

#### **R65.10 Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction**

Systemic inflammatory response syndrome (SIRS) NOS

#### **R65.11 Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction**

**Use additional code** to identify specific acute organ dysfunction, such as:

acute kidney failure (N17.-)

acute respiratory failure (J96.0-)

**figure 2.2** Example of “Code First” and “Use Additional Codes” Notes

Official information regarding these instructional notes is located in the following coding guidelines:

- I.A.8. Use of “and”
- I.A.9. Other and unspecified codes
- I.A.10. Includes notes
- I.A.11. Inclusion terms
- I.A.13. Etiology/manifestation convention (“code first,” “use additional code” and “in diseases classified elsewhere” notes)
- I.A.14. “And”
- I.A.15. “With”
- I.A.16. “See” and “See Also”
- I.A.17. “Code also note”

The term **excludes** used alone is unique to ICD-9-CM. It tells the coder that the code should *not* be assigned, because a different code may be more appropriate. “Excludes” notes are often accompanied by suggestions of more appropriate codes. **Excludes1** is unique to ICD-10-CM; it indicates that the excluded code should not be assigned in conjunction with the code under which it is listed, as the two conditions do not occur together. **Excludes2** is also new in ICD-10-CM. The term “excludes2” indicates that the condition being excluded is not considered part of the condition for the code under which it is listed; rather, another code should also be assigned. Figure 2.3 demonstrates how both “excludes1” and “excludes2” notes appear in the tabular section of ICD-10-CM.

Additional information about “excludes” notes may be found in coding guideline I.A.12. *Excludes Notes*.

#### use additional code

Instructs the coder to also assign a secondary code, following the disease code it generally accompanies, for any manifestations that exist for the case.

**excludes** Term unique to ICD-9-CM used to communicate to the coder that the code should not be assigned, as a different code may be more appropriate.

**excludes1** Term unique to ICD-10-CM used to indicate that the excluded code should not be assigned in conjunction with the code under which it is listed, as the two conditions do not occur together.

**excludes2** Term unique to ICD-10-CM used to indicate that the condition being excluded is not considered part of the condition for the code under which it is listed; rather, another code should also be assigned.

### Think About It 2.3

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1. Look up code L01.00 in the tabular list of ICD-10-CM. What does the “excludes1” note at the start of the L01 category mean?
2. Look up code N29 in ICD-10-CM. What should the coder do if the physician has also documented that the patient has nephrocalcinosis?
3. Look up code K51.013 in ICD-10-CM. What code is suggested if the patient also has the manifestation of pyoderma gangrenosum? Where do you find the directions to do so?

#### K83 Other diseases of biliary tract

**Excludes1:** postcholecystectomy syndrome (K91.5)

**Excludes2:** conditions involving the gallbladder (K81–K82)  
conditions involving the cystic duct (K81–K82)

#### CODING TIP

The “excludes” note in ICD-9-CM has been replaced by “excludes1” and “excludes2” in ICD-10-CM which provide greater direction to the coder.

figure 2.3 Example of “Excludes1” and “Excludes2” Notes



The coding manual's terminology, punctuation, and abbreviations serve as guidance while you navigate the manual to select a code.

**brackets [ ]** Punctuation found in both the tabular list and the alphabetic index surrounding manifestation codes to indicate that the manifestation should be sequenced after the disease code.

**parentheses ( )** Punctuation found in both the tabular list and the alphabetic index that surrounds non-essential modifiers.

**nonessential modifiers** Terms that may coexist with the main term but do not change the code assignment for the condition.

**colon :** Punctuation found in the tabular list when a term must be modified by the addition of another term in order to qualify it for assignment of a specific code or to a category.

## 2.4 Punctuation in the Coding Manual

Just as everyday written language contains punctuation that gives us clues for how to interpret the language, coding uses several forms of punctuation to guide the coder. In coding, the punctuation symbols, such as parentheses and colons, often have a meaning that is different from how they are used in regular written language. It is important for coders to recognize and understand these differences. Official information regarding the use of punctuation in ICD-10-CM is found in coding guideline *I.A.7. Punctuation*.

**Brackets [ ]** can be found in both the tabular list and the alphabetic index. In the alphabetic index, brackets surround manifestation codes, which should be sequenced after the disease code. Brackets in the tabular list identify synonyms, alternate words, and explanations. One notable difference between ICD-9-CM and ICD-10-CM is that ICD-9-CM used italicized brackets to indicate sequencing of manifestation codes, whereas ICD-10-CM does not italicize the brackets. Figure 2.4 illustrates the use of brackets in the alphabetic index.

**Parentheses ( )** can also be found in both the tabular list and the alphabetic index. In both areas, the parentheses surround **nonessential modifiers**, which are terms that may coexist with the main term but do not change the code assignment for the condition. Figure 2.5 demonstrates how the term “nocturnal” or “paroxysmal” may be present in clinical documentation for a patient’s dyspnea, but they are nonessential and do not need to be assigned codes. In Figure 2.5, note that the term “bronchial” is also identified as a nonessential modifier for asthmatic dyspnea.

A **colon :** is found in the tabular list when a term must be modified by the addition of another term in order to qualify it for assignment of a specific code or to a category. This is illustrated in Figure 2.6, which demonstrates that the terms “disease” and “phenomenon” are other options for completing the name of the disorder. Note that some versions of the code book may opt to display the terms as they would appear, rather than using the colon.

**Calcification**  
adrenal (capsule) (gland) E27.1  
tuberculous B90.8 [E35]

**figure 2.4** Example of Brackets in the Alphabetic Index

**Dyspnea (nocturnal) (paroxysmal) R06.00**  
asthmatic (bronchial) J45.909  
with  
bronchitis J45.909

**figure 2.5** Example of Parentheses in the Alphabetic Index

### CODING TIP

The punctuation used to provide guidance for coders includes the following:

- Brackets [ ]
- Parentheses ( )
- Colon :

### 173.0 Raynaud's syndrome

Raynaud's:  
disease  
phenomenon (secondary)

**figure 2.6** Example of a Colon in the Alphabetic Index

#### Think About It 2.4

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In your own words, explain the differences in the use of brackets, parentheses, and the colon in ICD-10-CM compared with ICD-9-CM.

## 2.5 Abbreviations in the Coding Manual

The other type of guidance that you will find to help you navigate through the coding system is abbreviations. Official instructions regarding the use of abbreviations are found in coding guideline *I.A.6. Abbreviations*.

The abbreviation **NEC** stands for **Not Elsewhere Classifiable**. This may be interpreted as “other specified.” Codes with the abbreviation NEC are assigned when there is more specific documentation but no code exists for the appropriate level of specificity. Contrary to NEC, the abbreviation **NOS** stands for **Not Otherwise Specified**. This abbreviation is another way of stating “unspecified.” Codes with this abbreviation are assigned when more specific codes may exist but the documentation lacks specificity.

**Not Elsewhere Classifiable (NEC)** May be interpreted as “other specified”; codes with this abbreviation are assigned when there is more specific documentation but no code exists for the appropriate level of specificity.

#### CODING TIP

“Not Elsewhere Classifiable” may be interpreted to mean that no code exists to report the appropriate level of specificity.

**Not Otherwise Specified (NOS)** Another way of stating “unspecified”; codes with this abbreviation are assigned when more specific codes may exist but the documentation lacks specificity.

#### Think About It 2.5

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The abbreviation NEC is used less often in ICD-10-CM than it was in ICD-9-CM. Why do you think this is the case?



# CHAPTER 2 REVIEW

## Chapter Summary

Learning Outcome	Key Concepts/Examples
<b>2.1</b> Explain the layout of the ICD-9-CM and ICD-10-CM manuals. (pages 13–14)	<ul style="list-style-type: none"><li>• ICD-9-CM consists of three volumes, whereas ICD-10-CM consists of only two volumes.</li></ul>
<b>2.2</b> Differentiate between the organization of the ICD-9-CM and ICD-10-CM manuals. (pages 14–15)	<ul style="list-style-type: none"><li>• The overall layout and method of looking up codes are very similar between ICD-9-CM and ICD-10-CM.</li></ul>
<b>2.3</b> Define the terms and phrases used in ICD-9-CM and ICD-10-CM that provide instructions for coding and sequencing. (pages 16–17)	<ul style="list-style-type: none"><li>• The “excludes” note in ICD-9-CM has been replaced by “excludes1” and “excludes2” in ICD-10-CM. This provides more instruction to the coder.</li></ul>
<b>2.4</b> Explain how punctuation in the code book provides guidance for the coder. (pages 18–19)	<ul style="list-style-type: none"><li>• Punctuation used to provide guidance for coders includes brackets, parentheses, and colons.</li><li>• One notable difference between ICD-9-CM and ICD-10-CM is that ICD-9-CM used italicized brackets to indicate sequencing of manifestation codes, whereas ICD-10-CM does not italicize the brackets.</li></ul>
<b>2.5</b> Interpret abbreviations that are used in the code book. (page 19)	<ul style="list-style-type: none"><li>• “Not Elsewhere Classifiable” may be interpreted to mean that no code exists to report the appropriate level of specificity.</li><li>• “Not Otherwise Specified” may be interpreted as “unspecified.”</li></ul>

## Checking Your Understanding

Select the letter that best answers the question or completes the sentence.

- [LO 2.2]** Which of the following statements best explains the organization of the ICD-9-CM and ICD-10-CM manuals?
  - The layout of the book is very similar between ICD-9-CM and ICD-10-CM, but the method of looking up diagnosis codes is very different.
  - The layout of the book and the method of looking up diagnosis codes are very similar between ICD-9-CM and ICD-10-CM.
  - The layout of the book is very different between ICD-9-CM and ICD-10-CM, but the method of looking up diagnosis codes is very similar.
  - The layout of the book and the method of looking up diagnosis codes are completely different between ICD-9-CM and ICD-10-CM.
- [LO 2.4]** Which symbol identifies terms that may coexist with the main term but do not change the code assignment for the condition?
  - brackets
  - parentheses
  - colon
  - italicized text
- [LO 2.1]** How many volumes are in ICD-9-CM and ICD-10-CM?
  - They both consist of two volumes.
  - They both consist of three volumes.
  - There are two volumes in ICD-9-CM and three volumes in ICD-10-CM.
  - There are three volumes in ICD-9-CM and two volumes in ICD-10-CM.
- [LO 2.3]** Which of the following terms is unique to ICD-10-CM and indicates that the condition being excluded is not considered part of the condition for the code under which it is listed but, rather, another code should also be assigned?
  - excludes1
  - excludes2
  - excludes
  - includes
- [LO 2.5]** In the context of coding, what does the abbreviation NOS mean?
  - other specified
  - no code exists for the appropriate level of specificity
  - assign additional code
  - unspecified
- [LO 2.1]** What is a tabular list in the code book?
  - an alphabetic list of diagnoses
  - a chronological list of codes
  - a combined list of diagnoses and procedures
  - an alphabetic list of procedures

7. [LO 2.5] What does the abbreviation NEC represent?
  - a. other specified
  - b. unspecified
  - c. no extra code
  - d. need extra code
8. [LO 2.3] Which term or phrase instructs the coder to assign another code prior to the code being referenced?
  - a. code also
  - b. code first
  - c. use additional code
  - d. with
9. [LO 2.4] What is a nonessential modifier?
  - a. a term that may coexist with the main term but may change the code assignment for the condition
  - b. a term that may coexist with the main term but does not change the code assignment for the condition
  - c. a term that changes the code assignment for the condition if it coexists with the main term
  - d. a term that must coexist with the main term in order to assign the code for the condition
10. [LO 2.1] What is a placeholder?
  - a. The character X is inserted to hold the place of the 5th and/or 6th character in codes with six or seven characters if there is not a 5th and/or 6th character.
  - b. Since all ICD-10-CM codes are to be seven characters in length, if the code does not specify out to seven characters, the character X is inserted to hold the place of missing characters.
  - c. If the coder is awaiting clarification on documentation from a physician, the character X is inserted in the areas awaiting additional specification in the documentation.
  - d. A code composed of the character X in all positions is used to report a code in the case that there is an instructional notation to “code first,” but no appropriate condition is documented.

## Online Activity

ICD-10-CM official conventions and guidelines are available to anybody for free through the Centers for Disease Control and Prevention (CDC), along with additional ICD-10-CM resources. Visit the CDC website and search for the ICD-10-CM information. Describe what you find in your search.

## Real-World Application

You have been hired as a coding supervisor at an acute care hospital. One of the first things you discover in your new position is that the facility does not have a coding policies and procedures manual. Write a section for a policies and procedures manual that addresses the use of official conventions and guidelines for ICD-10-CM coding.