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the diagnosis codes tabular list and alphabetic index have been adopted under hipaa for all healthcare settings a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures

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2014 the centers for medicare and medicaid services cms and the national center for health statistics nchs two departments within the u s federal government s department of health and human services dhhs provide the following guidelines for coding and reporting using the international classification of diseases 10th revision

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signs and symptoms as with icd 9 cm coding signs and symptoms should not be reported with a confirmed diagnosis if the symptom is integral to the diagnosis a symptom code is used with a confirmed diagnosis only when the symptom is not associated with the confirmed diagnosis

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this relationship determination is spelled out in the official guidelines for coding and reporting draft 2014 1 the combination of hypertension and hypertensive heart disease is

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the aarc s coding guidance focuses on coverage and coding policies related to respiratory care services covered under medicare parts a and b which are discussed in greater detail below part a inpatient services such as acute care hospice care and skilled nursing facilities

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there are four levels of decision making for each of these components straightforward low complexity moderate complexity and high complexity to determine the level of code

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in addition to general coding guidelines there are guidelines for specific diagnoses and or conditions in the classification unless otherwise indicated these guidelines apply to all health care settings

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