Glossary

Alphabetic Index

An alphabetical list of ICD-10-CM terms and their corresponding code that helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

Bilateral

Condition that affects both the left and right sides of the body.

Centers for Medicare & Medicaid Services (CMS)

The Federal agency responsible for administering the Medicare, Medicaid, Children's Health Insurance Program (CHIP), Health Insurance Portability and Accountability Act of 1996 (HIPAA), Clinical Laboratory Improvement Amendments (CLIA), and several other health-related programs.

Character "x"

Used as a placeholder in ICD-10-CM in certain codes to allow for future expansion and fill in empty characters when a code that is less than 6 characters in length requires a 7th character.

Clearinghouses

Public or private entities, including but not limited to:

- · Billing services;
- Repricing companies;
- · Community health management information or community health information systems; and
- Value-added networks and switches.

Conventions

The general rules for use of the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of ICD-10-CM as instructional notes.

Diagnosis Codes

Numeric codes (or code numbers) that represent medical terminology used for each service or item given by a provider or health care facility (as noted in the medical records).

Excludes Notes

Notes indicating that codes excluded from each other are independent of each other.

General Equivalence Mappings (GEMs)

A tool you can use to convert data from ICD-9-CM to ICD-10-CM/PCS and vice versa.







Inclusion and Exclusion Notes

Notes included under certain ICD-10-CM codes to indicate conditions for which the code may or may not be used.

International Classification of Diseases, 10th Edition, Clinical Modification

The diagnosis classification system developed by the Centers for Disease Control and Prevention (CDC) for use in all United States (U.S.) health care treatment settings.

International Classification of Diseases, 10th Edition, Procedure Coding System

The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings **only**.

Intraoperative

Occurring or encountered during the course of surgery.

Laterality

Specifies whether a condition occurs on the left or right side of the body or specifies that it is bilateral.

Payer

Commercial organizations, Medicaid, Medicare, Pharmacy Benefit Management, Indian Health Services, Veteran's Administration, Military, other government providers, and voluntarily compliant entities such as Coordination of Benefits Contractors.

Postoperative

Occurring after a surgical operation.

Postprocedural

Occurring after a procedure.

Sequela

The residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used.

Subterms

Appear indented under the main terms listed in the ICD-10-CM Alphabetic Index.

Table of Drugs and Chemicals

Table located in the Alphabetic Index that lists the drug, specific codes that identify the drug, and the intent. No additional external cause of injury and poisoning code is assigned in ICD-10-CM.

Table of Neoplasms

Table located in the Alphabetic Index that provides the proper code based on histology of the neoplasm and site. Neoplasm refers to a new, often uncontrolled growth of abnormal tissue.

Tabular List

A chronological list of ICD-10-CM codes divided into chapters based on body system or condition.

Underdosing

Taking less of a medication than is prescribed by a health care provider or a manufacturer's instruction.

Vendor Organizations comprised of billing services; clearinghouses; electronic health record, electronic medical record, and practice management systems; network services; and value-added networks.