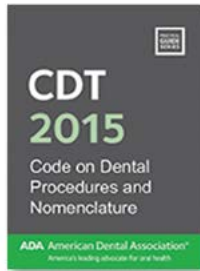


## Coding e-Resources



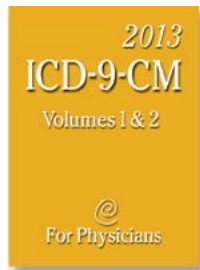
### **Code on Dental Procedures and Nomenclature**

A standardized coding system used to document and communicate accurate information about dental treatment procedures and services. Used in dental offices and by the dental benefits industry for purposes of keeping patient records, reporting procedures on patients and processing and reporting of dental insurance claims. Also used in developing, marketing, and administering dental benefit products. The code is organized into twelve categories of service, each with its own series of five-digit alphanumeric codes.



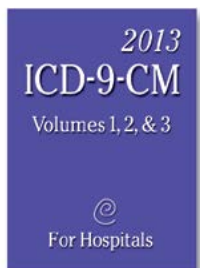
### **CPT® Data Files, OPTUM TM**

Based on the American Medical Association's Physicians' Current Procedural Terminology coding system, this is the nation's official HIPAA compliant code set for procedures and services provided by physicians, ambulatory surgical centers, hospital outpatient services, laboratories, imaging centers, physical therapy clinics, urgent care centers and others.



### **ICD-9-CM, Volumes 1, 2 - For Physicians**

This resource is based on the World Health Organization's International Classification of Diseases. It is recommended for use in all clinical settings, but is required for reporting diagnoses and diseases to the U.S. Public Health Service, and the Centers for Medicare and Medicaid Services. It continues to be the classification employed in cause-of-death coding in the United States.



### **ICD-9-CM, Volumes 1, 2, & 3 - For Hospitals**

Based on the World Health Organization's International Classification of Diseases, this is the official system of assigning codes to diagnoses, procedures, and health-related conditions associated with hospital utilization in the United States. It consists of a tabular list containing a numerical list of the disease code numbers, an alphabetical index to the disease entries, and a classification system for surgical, diagnostic, and therapeutic procedures.

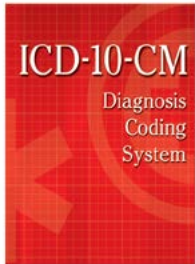


### **HCPCS Level II**

The HCPCS Level II coding system represents items, supplies and non-physician services not covered by the AMA's CPT-4 codes. It is a comprehensive and standardized system that classifies similar medical products into categories for the purpose of efficient claims processing. For each alphanumeric HCPCS code there is a descriptive terminology that identifies a category of like items. Medicare, Medicaid, and private insurers use these codes for billing purposes and claims processing.

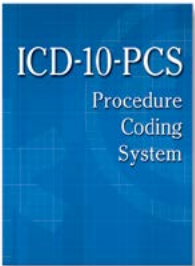
**continued**

## Coding e-Resources



### **ICD-10-CM: Clinical Modification**

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) provided by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), for medical coding and reporting in the United States. The ICD-10-CM is a morbidity classification for classifying diagnoses and reason for visits in all American health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO) which replaces ICD-9.



### **ICD-10-PCS: Procedure Coding System**

ICD-10-PCS is a American system of medical classification used for procedural coding. The Centers for Medicare and Medicaid Services, the agency responsible for maintaining the inpatient procedure code set in the U.S., contracted with 3M Health Information Systems in 1993 to design and then develop a procedure classification system to replace Volume 3 of ICD-9-CM. ICD-9-CM contains a procedure classification; ICD-10-CM does not. ICD-10-PCS is the result. ICD-10-PCS was initially released in 1998. It has been updated annually since that time.