

## Procedures for Coding the Medical Record Cases of the CCS-P Examination

1. Apply ICD-9-CM instructional notations and conventions and current approved Diagnostic Coding and Reporting Guidelines for Outpatient Services (Section IV of the official ICD-9-CM Guidelines for Coding and Reporting), to select diagnoses, conditions, problems, or other reasons for care that require ICD-9-CM coding in a physician-based encounter/visit either in a physician's office, clinic, outpatient area, emergency room, ambulatory surgery, or other ambulatory care setting. Code for professional services only.
2. Sequencing is not required for the diagnoses or procedures.
3. Do not assign modifiers.
4. Apply the following directions to assign codes to secondary diagnoses:
  - A. Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient is receiving treatment and care for the condition(s).
  - B. Code all documented conditions that coexist at the time of the encounter/visit and that require or affect patient care, treatment, or management.
  - C. Conditions previously treated and no longer existing are not coded.
5. Code for the professional services only and only for the physician designated on the cover sheet for each individual case.
6. Assign CPT and/or two-digit Level II (HCPCS/National) codes for all appropriate services.
7. Assign CPT codes for anesthetic procedures listed in the anesthesia section only if indicated on the case cover sheet.
8. Assign CPT codes for medical services/procedures based on current CPT guidelines.
9. Confirm Evaluation and Management (E/M) codes based on the information provided in the box for each case.

*For the purposes of this examination, do not challenge the level of key components chosen. You will not be expected to assign the level of history, examinations, and medical decision-making.*
10. Assign CPT codes for radiology and pathology/laboratory procedures listed in the radiology and pathology/laboratory sections only when applicable.
11. Assign CPT codes from the medicine section based on current CPT guidelines.
12. Assign five-digit HCPCS Level II National (alphanumeric) codes, as appropriate.
13. Do not assign ICD-9-CM E-codes.
14. Do not assign ICD-9-CM Morphology codes (M-codes).
15. Do not assign ICD-9-CM, Volume 3, procedure codes.
16. Do not assign Category II or Category III CPT codes.