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01 | Index Explorer

I.A.1 / I.B.1

Guideline in plain language: Start in the Alphabetic Index, then confirm the code and instructions in the Tabular List.

Case: Left knee pain at an office visit.

Code or action: M25.562

Why: Start with Pain in the Alphabetic Index. Confirm the knee and left side in the Tabular List.



02 | Complete-Code Captain

I.A.2–3 / I.B.2

Guideline in plain language: Report a complete code at the highest specificity supported by the documentation.

Case: The note documents right knee pain.

Code or action: M25.561

Why: M25 is only a category. Report the complete code that captures the side.



03 | Placeholder Pal

I.A.4

Guideline in plain language: Use X where required to fill an empty position, including before a required seventh character.

Case: Active treatment for a foreign body on the external left eye, part unspecified.

Code or action: T15.92XA

Why: X fills the sixth position so A can occupy the required seventh position.



04 | Encounter Ranger

I.A.5

Guideline in plain language: Choose the required seventh character according to the encounter phase for this injury.

Case: The same patient returns for routine recovery after active treatment is complete.

Code or action: T15.92XD

Why: D represents the subsequent encounter phase. The number of visits does not decide the character.

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05 | Default Detective

I.A.18

Guideline in plain language: Use the Index default when the record gives no detail that directs you to a different code.

Case: The note documents hypertension with no more specific diagnosis or associated condition.

Code or action: I10

Why: Start at Hypertension. Use the default when the full note and Tabular instructions do not support a different code.



06 | Excludes-One Referee

I.A.12.a

Guideline in plain language: An Excludes1 note generally bars coding both conditions together. An exception applies when the conditions are unrelated.

Case: Psychogenic dysmenorrhea and unrelated sleep-related teeth grinding are both documented and reportable.

Code or action: F45.8 + G47.63

Why: The unrelated-condition exception can allow both. Clarify the relationship if the record is unclear.



07 | Excludes-Two Referee

I.A.12.b

Guideline in plain language: An Excludes2 note allows both codes if both conditions are present and reportable.

Case: A stage 3 sacral pressure ulcer and a separate non-pressure chronic ulcer both require care.

Code or action: L89.153 + applicable non-pressure ulcer code

Why: An Excludes2 note does not bar both distinct conditions. Verify site and severity for the second ulcer.



08 | Sequence Scout

I.A.13 / I.B.7

Guideline in plain language: Follow code-first and use-additional-code instructions to identify and sequence the required codes.

Case: Type 2 diabetes with diabetic CKD, stage 3b.

Code or action: E11.22 then N18.32

Why: The first code identifies diabetic CKD. The additional code supplies the stage.

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09 | With-Link Wizard

I.A.15

Guideline in plain language: Presume a relationship when the classification links the conditions, unless documentation or a guideline says otherwise.

Case: Hypertension and stage 3b CKD are managed. The provider does not state they are unrelated.

Code or action: I12.9 then N18.32

Why: The classification presumes the relationship in this pair. Verify the stage instruction.



10 | Clarification Coach

I.A.19

Guideline in plain language: Use the provider's documented diagnosis. Query when the record contains conflicting documentation.

Case: One provider documents acute kidney failure, while another final note explicitly contradicts it.

Code or action: Query before finalizing the diagnosis

Why: Do not settle conflicting documentation by interpreting creatinine yourself.



11 | Symptom Sleuth

I.B.4 / IV.H

Guideline in plain language: When an outpatient diagnosis is uncertain, report the documented signs, symptoms, or other reason for the visit.

Case: An office note concludes possible appendicitis with right lower quadrant pain.

Code or action: R10.31

Why: Code the supported symptom. The suspected diagnosis is not established in this outpatient encounter.



12 | Integral Inspector

I.B.5

Guideline in plain language: Do not separately code symptoms routinely associated with a confirmed diagnosis unless instructed otherwise.

Case: Confirmed acute cystitis without hematuria causes routine dysuria.

Code or action: N30.00

Why: Do not separately report R30.0 for the integral symptom in this case.

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13 | Separate-Symptom Scout

I.B.6

Guideline in plain language: A symptom that is not routinely associated with the confirmed diagnosis may be reported when appropriate.

Case: During the cystitis visit, the provider also evaluates unrelated dizziness without a definitive cause.

Code or action: N30.00 + R42 when reportable

Why: Dizziness is separately evaluated and unrelated to the cystitis.



14 | Acute-Chronic Duo

I.B.8

Guideline in plain language: If acute and chronic forms have separate Index entries at the same level, report both, acute first, unless instructed otherwise.

Case: The note documents acute and chronic maxillary sinusitis, with no recurrence documented.

Code or action: J01.00 then J32.0

Why: When separate acute and chronic Index entries are at the same level, sequence acute first unless another instruction applies.



15 | Combination Captain

I.B.9

Guideline in plain language: Use one combination code when it fully captures the documented condition and associated detail.

Case: Type 2 diabetes with hyperglycemia is documented.

Code or action: E11.65

Why: One code captures both details. Do not add uncomplicated diabetes or a duplicate hyperglycemia code.



16 | Sequela Sidekick

I.B.10

Guideline in plain language: Generally code the remaining condition first, then the cause of the sequela. Check for exceptions.

Case: A healed burn left a scar contracture that now requires care.

Code or action: Residual first; burn code with S second, generally

Why: Verify the scar and original burn site and degree in the code book. Follow any category-specific exception.

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17 | Laterality Navigator

I.B.13

Guideline in plain language: Use the documented side. If both sides are affected and no bilateral code exists, report separate side-specific codes.

Case: The patient has pain in both knees.

Code or action: M25.561 + M25.562

Why: Use both side-specific codes because knee pain has no single bilateral code.



18 | Stage Spotter

I.B.14

Guideline in plain language: For certain details, such as pressure-ulcer stage, documentation by an appropriate clinician other than the diagnosing provider may be used.

Case: The provider diagnoses a sacral pressure ulcer and the wound nurse documents stage 3.

Code or action: L89.153

Why: The nurse can supply the stage for a provider-diagnosed ulcer. Clarify conflicting documentation.



19 | Organism Tracker

I.C.1.b

Guideline in plain language: When the infection code does not identify the documented organism, add the appropriate organism code as instructed.

Case: Acute cystitis without hematuria is documented as due to E. coli, type unspecified.

Code or action: N30.00 then B96.20

Why: The cystitis code does not name the organism. The additional code identifies the cause.



20 | Sepsis Signal

I.C.1.d.1–2

Guideline in plain language: For severe sepsis, report the systemic infection, the severe sepsis code, and the associated acute organ dysfunction.

Case: Sepsis of unspecified organism with acute kidney failure linked to sepsis, without shock.

Code or action: A41.9 then R65.20 then N17.9

Why: Report the systemic infection, severe sepsis and linked acute organ dysfunction. Query if the link is unclear.

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21 | MRSA Guardian

I.C.1.e

Guideline in plain language: If an MRSA combination code identifies both the infection and the organism, do not add a separate organism code.

Case: The provider confirms MRSA pneumonia.

Code or action: J15.212

Why: The combination code includes the organism. Do not add a separate MRSA organism code.



22 | COVID Code Keeper

I.C.1.g

Guideline in plain language: When COVID-19 is the reason for admission and no exception applies, sequence U07.1 before its manifestations.

Case: A nonpregnant patient is admitted for confirmed COVID-19 pneumonia without a sequencing exception.

Code or action: U07.1 then J12.82

Why: In this case the infection comes first and the pneumonia code identifies the manifestation.

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