

# Find-A-Code Product Overview

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# Introducing Find-A-Code

Find-A-Code provides an extensive array of medical coding information and tools. Find-A-Code's main website, FindACode.com, is used by tens of thousands of visitors and subscribers every day.

## General Information

The heart of Find-A-Code is the Home Page. The menu bar at the top of the page contains links to all areas of the website as well as a search box. A larger search box is also shown below in the upper portion of the page, followed by a news headline section and the Find-A-Code main menu area. Find-A-Code has divided our coding information and tools into three main areas: Code Sets, Coding Information, and Coding Tools.

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

Client Codes/Fee Schedule: My Fee Schedule

### Medical Billing Codes

Simple search, Fast results, and Always up to date.

Enter a code or keywords... Search

Enter a code or keywords from the code description, article, or document.

Find-A-Code News & Updates: **"New: 2011 July Edition of the Medicare Provider Compliance Newsletter"** [Read more news...](#)

#### Code Sets

**Diagnosis (Dx)**

- ICD-9-CM - Volumes 1 & 2
- ICD-10-CM - New for 2013!
- DRG - Diagnosis Related Groups

**Procedure (Tx)**

- CPT® - Level I Codes & Modifiers
- HCPCS - Level II Codes & Modifiers
- ICD-9 Vol 3 - (Inpatient Only)
- CDT® Codes - Dental "D" Codes
- ICD-10-PCS - Sneak peak!
- APC - Ambulatory Payment Classifications

**Other Code Sets**

- Other Medical Code Sets

**Claim Forms**

- CMS1500 - Claim Form, Codes, & Info
- UB04/CMS1450 - Form, Codes, & Info

#### Coding Information

**Helps & Guides**

- CMS1500 Guide - NUCC & Medicare Instr.
- ICD-9-CM Official Guidelines
- Integrating NPP into E/M

**Newsletters**

- CPT Assistant +Archives
- Medicare Provider Compliance

**Medicare Manuals & Guides**

- PUB100 - Medicare Guides and Manuals
- E&M Guidelines & Procedures
- Medicare Contractors - LCDs & Articles
- NCDs - National Coverage Determinations
- PQRI Program
- More... (Forms, FAQs, NCCI, etc.)

**Information**

- Healthcare Legislation
- Dorland's Dictionary Appendices **NEW!**

#### Coding Tools

**Search**

- Find-A-Code™ Search - Simple search!
- Browse-A-Code™ - Fast & fun!
- Click-A-Dex™ - Fast index searching.
- Build-A-Code™ - Code list builder.
- Cross-A-Code™ ICD-9/10 GEMs
- Find-A-NPI™ - Quick NPI Look-Up

**My Tools**

- My Code Lists - Locality-based code lists.
- My Code Notes - Your code notes.
- My Account - Personalize Find-A-Code.

**Scrubbing & Validation**

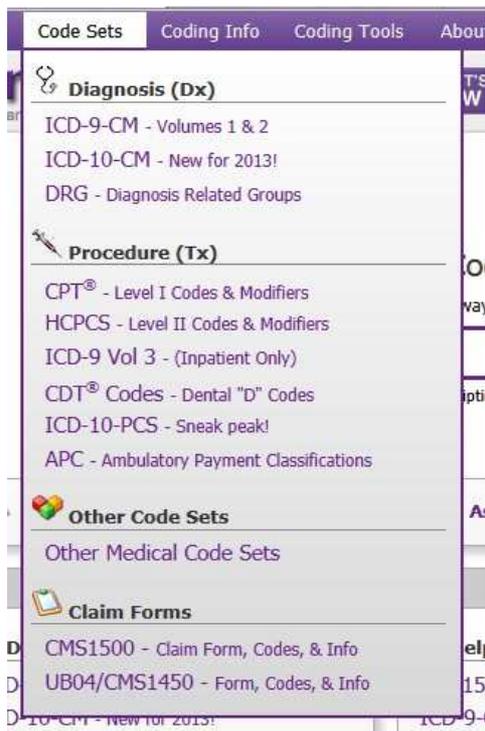
- Scrub-A-Claim™ **NEW!** - Claim Scrubber
- NCCI Edit Validator - NON-Facility Edition
- NCCI Edit Validator - FACILITY Edition

**Education & Training**

- Anatomy & Physiology **NEW!**

Hovering over the Code Sets, Coding Info or Coding Tools menu bar items will reveal a pop-up

menu that looks the same as each menu box as shown on the home page:



## Code Sets

The Code Sets area contains links to the many code sets provided by Find-A-Code. The code sets are divided into Diagnosis, Procedure, Other Code Sets and Claim Forms (code sets grouped by their use on popular claim forms).

A selection of the code sets available in Find-A-Code are described below.

# ICD-9-CM vol 1/2

The ICD-9-CM page contains a quick search box that returns results that are specific to ICD-9-CM vol 1 diagnosis codes. Below the search box is a menu of links to ICD-9-CM vol 1 & 2 related information.

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, and Sign Out. A search box is present with the text "Find-A-Code:" and a "Search" button. Below the navigation bar, the "Find-A-Code" logo is displayed with the tagline "Quick and Easy Medical Coding". There are three buttons: "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT OFFLINE". The user's name "David Berky" and the viewing period "2011Q3" are shown. Below this, there is a breadcrumb trail "> Home > Code Sets" and a dropdown menu for "Client Codes/Fee Schedule" set to "My Fee Schedule".

## ICD-9-CM Diagnosis Codes

### ICD-9-CM Search

Enter a code or keywords...

Enter a code or keywords from the code description, article, or document.

#### Code Sets

- Diagnosis (Dx)**
  - ICD-9-CM - Volume 1**
  - ICD-9-CM - Volume 2 (Index)
- Procedure (Tx)**
  - ICD-9 Vol 3 Procedure Code Set
- Information**
  - 2012 Tabular Addenda
  - 2012 Index Addenda
  - 2012 Conversion Table
  - New ICD-9-CM Codes for 2011
  - Changed ICD-9-CM Codes for 2011
  - Deleted ICD-9-CM Codes for 2011
  - ICD-9-CM Appendices
  - ICD-9-CM Code Set Information

#### Coding Information

- Helps & Guides**
  - 2012 ICD-9-CM Official Guidelines
- Medicare Manuals & Guides**
  - PUB100 - Medicare Guides and Manuals
  - Medicare Contractors - LCDs & Articles
  - NCDs - National Coverage Determinations
  - More... (Forms, FAQs, NCCI, etc.)

#### Coding Tools

- Search**
  - Find-A-Code™ Search - Simple search!
  - Browse-A-Code™ **NEW!** - Fast & fun!
  - Click-A-Dex™ - Fast index searching.
  - Build-A-Code™ - Code list builder.
  - Cross-A-Code™ ICD-9/10 GEMs **NEW!**
- My Tools**
  - My Code Lists - Locality-based code lists.
  - My Code Notes - Your code notes.
  - My Account - Personalize Find-A-Code.

Searching for an ICD-9-CM vol 1 code can be done in one of two different ways. One way is to use the Find-A-Code Click-A-Dex™ index searching tool described later in this document. The other method is to use the search-engine-like search boxes.

Customers can enter a code number, partial number, keywords, or partial words into the search box. When the “Search” button is clicked a customer will be shown the search results page:

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links: Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code: [input field] [Search]. Below this is the Find-A-Code logo with the tagline "Quick and Easy Medical Coding". There are buttons for "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT OFFLINE". A user profile section shows "David Berky - Viewing: 2011Q3".

The main search area has a search box containing "ankle" and a "Search" button. Below the search box, it says "Enter a code or keywords from the code description, article, or document. How do I search?".

On the left side, there is a "Show Search Results for:" sidebar with various categories and checkboxes:
 

- ICD-9-CM Vol 1,2
  - Codes (150+)
  - Chpt/Sect Notes (12)
- ICD-9-CM Vol 3
  - Codes
  - Chpt/Sect Notes
- CPT®, CPT® Assistant
  - Codes
  - Chpt/Sect Notes
  - CPT® Assistant Articles
- Modifiers (CPT®/HCPCS)
  - CPT® Modifiers
  - HCPCS Modifiers
- HCPCS, CDT® "D" Codes
  - Codes
  - Chpt/Sect Notes
  - CDT (Dental) Codes
  - CDT (Dental) Chpt/Sect Notes
- Hospital/Facility
  - UB-04 Revenue Codes
  - UB-04 Condition Codes

The main "Search Results" area displays a list of results for "ankle":
 

ICD-9 CODE	Description	Flags
726.70	726.70 - Ankle enthesopathy NOS	[Red Flag] [Magnifying Glass]
726.70	726.70 72670 ankle enthesopathy nos ankle ...	
726.79	726.79 - Ankle enthesopathy NEC	[Magnifying Glass]
726.79	72679 ankle enthesopathy nec ankle ...	
924.2	924.2 Ankle and foot, excluding toe(s)	[Red Flag] [Magnifying Glass]
924.2	9242 924.2 ankle and foot excluding ...	
928.2	928.2 Ankle and foot, excluding toe(s) alone	[Red Flag] [Magnifying Glass]
928.2	9282 928.2 ankle and foot excluding ...	
824.8	824.8 - Fx ankle NOS-closed	[Red Flag] [Magnifying Glass]
824.8	8248 8248 fx ankle nos-closed fx ankle ...	
824.9	824.9 - Fx ankle NOS-open	[Red Flag] [Magnifying Glass]
824.9	8249 8249 fx ankle nos-open fx ankle ...	
824	824 Fracture of ankle	[Red Flag] [Magnifying Glass]
824	824 fracture of ankle	
837	837 Dislocation of ankle	[Red Flag] [Magnifying Glass]
837	837 dislocation of ankle includes astragalus fibula ...	
707.06	707.06 - Pressure ulcer, ankle	[Magnifying Glass]
707.06	70706 pressure ulcer ankle pressure ulcer ankle ...	
707.13	707.13 - Ulcer of ankle	[Magnifying Glass]
707.13	70713 ulcer of ankle ulcer of ankle ...	

 At the bottom of the results list, there is a pagination control: "1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 NEXT".

The search results page shows the first ten results with links to additional set of ten results. The red flag icon on the right side indicates the code is not a highest specificity code or an is unspecified code. The book-magnifying-glass icon opens a “Page View” window that shows the code’s placement within the context of the ICD-9-CM v1 code set:

The "Page View" window displays the following structure of the ICD-9-CM v1 code set:

- 13. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)
  - RHEUMATISM, EXCLUDING THE BACK (725-729)
    - 726 Peripheral enthesopathies and allied syndromes
      - 726.7 Enthesopathy of ankle and tarsus
        - 726.70** Enthesopathy of ankle and tarsus, unspecified [Red Flag] [Magnifying Glass]
        - 726.71 Enthesopathy of ankle and tarsus; achilles bursitis or tendinitis
        - 726.72 Enthesopathy of ankle and tarsus; tibialis tendinitis, Tibialis (anterior) (posterior) tendinitis
        - 726.73 Enthesopathy of ankle and tarsus; calcaneal spur
        - 726.79 Enthesopathy of ankle and tarsus; other, Peroneal tendinitis

This Page View can also be used to navigate through the ICD-9-CM procedure code set by using the upper and lower arrow buttons. This Page View window is available from both the search results page and the code information page for all code sets.

When a customer clicks on a specific code (from either the search results page or in the Page View window) they will see a code information page:

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code. A search bar is located on the right side of the navigation bar. Below the navigation bar, the Find-A-Code logo is displayed, along with buttons for WHAT'S NEW, WATCH VIDEOS, and LIVE CHAT OFFLINE. The user's name, David Berky, and the viewing period, 2011Q3, are shown. The breadcrumb trail indicates the user is on the ICD-9-CM Diagnosis Codes page. The Client Codes/Fee Schedule is set to My Fee Schedule. The main content area features a light blue bar with the text "ICD-9-CM Vol. 1 Diagnostic Codes - 726.70 726.70 is NOT in your My Codes list. To ADD:" followed by a plus icon, left and right arrows, a page view icon, and a printer icon. Below this is a purple bar for "ICD9 Chapter/Section Guidelines & Notes" with an "Auto-open" button. The "Code Information" section is highlighted in grey and contains the code description: "726.70 - Enthesopathy of ankle and tarsus, unspecified Metatarsalgia NOS" and "Excludes: Morton's metatarsalgia (355.6)". Below the code information are several expandable sections: "Additional Code Information", "Dictionary Definitions", "My Notes", "Alerts (0 alerts)", "Articles & Newsletters", "Coding Tips (0 tips)", "ICD-9 to ICD-10 Cross-A-Code™ (GEMs & RMs)", "Cross-A-Code™ (ICD-9, CPT, HCPCS, Modifiers, ASA CROSSWALK®)", and "Medicare Policies & Guidelines". Each section has an "Auto-open" button.

The top bar on the code information page (light blue matching the color used on the search results page) shows:

- the code set (“ICD-9-CM Vol 1 Diagnostic Codes” in this case) the code number (“726.70”),
- whether or not this code is in your custom code list (“My Codes list”),
- an “ADD” button to add the code to one of your custom lists,
- left and right arrows to go to the next or previous code in the sequence of codes,
- a “Page View” icon that shows the same Page View pop-up window as was available on the search results page,
- a printer icon which will reformat the information on the page for printing a code information report.

The next bar (purple) is an on-page, pop-open section that shows the hierarchy of the code, the

chapter, chapter notes (with Includes and Excludes), sections, section notes (also with Includes and Excludes), and sibling codes.

Clicking on the green plus button will open this section to reveal:

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, and Sign Out. A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a banner for "Find-A-Code" with the tagline "Quick and Easy Medical Coding". There are also buttons for "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT OFFLINE". The user's name "David Berky" and the current viewing period "2011Q3" are displayed. Below the banner, there is a breadcrumb trail: "> Home > Code Sets > ICD-9-CM Diagnosis Codes". On the right side, there is a dropdown menu for "Client Codes/Fee Schedule" set to "My Fee Schedule".

The main content area is titled "ICD-9-CM Vol. 1 Diagnostic Codes - 726.70 726.70 is NOT in your My Codes list. To ADD: +". Below this, there is a section titled "ICD9 Chapter/Section Guidelines & Notes" with an "Auto-open" checkbox. The section content includes:

- 13. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)** [EDIT] [ADD CONTEXT] [DELETE CONTEXT] [ADD CODE]
  - Use additional external cause code, if applicable, to identify the cause of the musculoskeletal condition
- RHEUMATISM, EXCLUDING THE BACK (725-729)** [EDIT] [ADD CONTEXT] [DELETE CONTEXT] [ADD CODE]
  - Includes:** disorders of muscles and tendons and their attachments, and of other soft tissues
- 726 Peripheral enthesopathies and allied syndromes** [EDIT] [ADD CONTEXT] [DELETE CONTEXT] [ADD CODE]
  - Click to view/hide add'l coding info...
  - Note:** Enthesopathies are disorders of peripheral ligamentous or muscular attachments.
  - Excludes:** spinal enthesopathy (720.1)
- 726.7 Enthesopathy of ankle and tarsus** [EDIT] [ADD CONTEXT] [DELETE CONTEXT] [ADD CODE]

Below the list, there is a table with the following columns: Code(s), Description, and Icons.

Code(s)	Description	Icons
726.70	Ankle enthesopathy NOS	
726.71	Achilles tendinitis	
726.72	Tibialis tendinitis	
726.73	Calcaneal spur	
726.79	Ankle enthesopathy NEC	

At the bottom right of the section, there is a "Close Section" button.

An “Auto-open” check box is in the upper-right corner of the section title. Customers can check this box if they would like this section to automatically open each time they view a code in the code information page.

Each pop-open section has its own Auto-open check box which operate independently of other pop-open sections, but operate the same for all code sets. The “Code Information” section (described below) is the only section that does not have an Auto-open checkbox.

The “Code Information” section in light gray shows any icons related to the code in the right-most area of the title bar. Hovering the mouse over these icons will reveal a “tool tip” message that describes the icon.

The Code Information section contains the code number, code description and any Includes or Excludes related to the code. It also has subsections for “Additional Code Information” and “Dictionary Definitions”.

When either of these sections are opened (using the green plus button), the following areas are shown:

The screenshot displays a user interface with three stacked panels, each with a title bar and an 'Auto-open' checkbox.

- Additional Code Information:** The title bar is purple. The content area shows 'Short Descr: Ankle enthesopathy NOS'.
- Dictionary Definitions:** The title bar is brown. It contains a sub-panel titled 'Dorland's & Jablonski's Dictionaries' with its own title bar and 'Auto-open' checkbox.
  - Dorland's Illustrated Medical Dictionary:** This section lists applicable terms: 'ankle', 'enthesopathy', and 'metatarsalgia'. Each term includes its phonetic transcription and a 'View Entry' link. 'ankle' has three bullet points: 'tarsus (def. 1)', 'by extension, the joint between the leg and foot (articulatio talocruralis), or the region of the leg and foot including and immediately adjacent to this joint.', and 'hock'. 'enthesopathy' has one bullet point: 'disorder of the muscular or tendinous attachment to bone.' 'metatarsalgia' has one bullet point: 'pain and tenderness in the metatarsal region.' Below this section is a yellow copyright notice: 'Copyright © 2011 Elsevier, Inc. All Rights Reserved.'
  - Jablonski's Dictionary of Medical Acronyms and Abbreviations:** This section states: 'There are currently no terms from Jablonski's Dictionary of Medical Acronyms and Abbreviations linked to this code.' Below this is another yellow copyright notice: 'Copyright © 2010 Elsevier, Inc. All Rights Reserved.'

Customers who have added the Dorland's Illustrated Medical Dictionary and Jablonski's Dictionary of Medical Acronyms and Abbreviations products to their subscription will be able to see the information from those publications. Find-A-Code has integrated all of the Dorland's and Jablonski's terms to be displayed with related codes. Dictionary entries may also link to other words, entries, images, and information from the dictionary appendices.

The “My Notes” section shows any notes or keywords a customer would like to add to this code:

My Notes (You Have Notes) Auto-open

Edit Notes

**Admin Code Notes:**  
Do not use this code for claim forms, it is not specific.

**Admin Search Keywords:**  
(Enter additional search keywords here)

**My Code Notes:**  
(Personal code notes entered here.)

**My Search Keywords:**  
(Personal search keywords here)

There are two types of notes and keywords. The “Admin Code Notes” and “Admin Search Keywords” can only be added by an account Administrator and will show for each user in the account. The “My Code Notes” and “My Search Keywords” are specific to the user and are only viewable by that user.

Customers may add their own keywords that will be used to locate and return this code as a result for the keyword when searched. Both Admin Search and My Search keywords will affect the search results by causing this code to be listed higher in the results when any of its keywords are searched.

The “Articles & Newsletters” section shows articles and newsletters that contain information about the current code. Find-A-Code currently provides articles from the AMA’s CPT® Assistant newsletter, DecisionHealth®’s Part-B News, Pink Sheets, and Answer Book, and the AHA’s ICD-9 and HCPCS Coding Clinics. All articles are directly linked to the codes the reference.

When a customer opens the Articles & Newsletters section, they will see subsections for each of the newsletter publishers containing links to articles related to the current code:

Articles & Newsletters Auto-open

DecisionHealth® Articles Auto-open

The following DecisionHealth® Articles are linked to this code (726.70):

**Part B News**

121 new ICD-9 codes set to be finalized Oct. 1 with no grace period (2010)  
Nearly 150 new ICD-9 codes set to take effect Oct. 1 (2009)

When viewing information about ICD-9 and ICD-10 code, a special section titled “ICD-9 to ICD-10 Cross-A-Code™ (GEMs & RMs)” which shows the General Equivalency Mappings and Reimbursement Mappings between the ICD-9-CM and ICD-10-CM/PCS code sets:

ICD-9 to ICD-10 Cross-A-Code™ (GEMs & RMs)
Auto-open ▢

General Equivalence Mappings (GEMs)

The following ICD-10 codes are generally equivalent\* to this code (726.70):

Code	Description
M76.899	Other specified enthesopathies of unspecified lower limb, excluding foot
M77.40	Metatarsalgia, unspecified foot

**About the General Equivalence Mappings (GEMs)**

The mappings from ICD-9 to ICD-10 and back aren't simple 1-to-1 crosswalks, they are approximations. You will need to use your best judgement to determine which of the codes (or combinations of codes) most accurately describe the situation you are coding. Review charts if necessary.

**Note:** GEMs often map to unpecific codes. It is extremely important to review sections (or use the page view) to ensure that a more specific code does not exist.

Reimbursement Mappings (RMs)

...

ICD-9 to ICD-10 Cross-A-Code™ (GEMs & RMs)
Auto-open ▢

General Equivalence Mappings (GEMs)

Reimbursement Mappings (RMs)

The following ICD-10 codes, when used for reimbursement, will map to this code (726.70):

Code	Description
M25.771	Osteophyte, right ankle
M25.772	Osteophyte, left ankle
M25.773	Osteophyte, unspecified ankle
M25.774	Osteophyte, right foot
M25.775	Osteophyte, left foot
M25.776	Osteophyte, unspecified foot
M76.899	Other specified enthesopathies of unspecified lower limb, excluding foot
M77.40	Metatarsalgia, unspecified foot
M77.41	Metatarsalgia, right foot
M77.42	Metatarsalgia, left foot

**About the Reimbursement Mappings (RMs)**

General Equivalence Mappings (GEMs) designate *all* mappings from ICD-9 to ICD-10 and back - *all* codes from one code set that could be construed to mean the same diagnosis/procedure in the other code set.

Reimbursement Mappings (RMs) will be used for reimbursement purposes. RMs designate *which* ICD-9 code (or cluster of codes) from the GEMs will be the basis for getting paid. Because the mapping of RMs is from ICD-10 to ICD-9, not all ICD-9 codes will have RMs.

The “Cross-A-Code™ (ICD-9, CPT, HCPCS, Modifiers, ASA CROSSWALKS)” section shows codes in other codes sets the current code may relate to. The codes that are related through location specific documents (such as Medicare LCDs & Articles) may be filtered to show all the related codes, just codes related by same-state-based documents, and by Medicare Carrier/Contractor specific documents. The related codes in each code set are grouped together. When available a link is provided to the source document(s). This section is displayed as:

Cross-A-Code™ (ICD-9, CPT, HCPCS, Modifiers, ASA CROSSWALK®)
Auto-open

**View codes from:**

- My carrier only (09102 - First Coast Service Options, Inc.)
- My state carriers (FL)
- All carriers (Note: loading times may increase significantly!)

CPT® Codes
Auto-open

PLEASE NOTE: The presence of a code in this section does not necessarily indicate coverage, only that there is a document linking this code to the one listed.

Even when covered, the referring document may also specify documentation requirements and/or utilization guidelines concerning their use.

For more information on whether a code relationship is truly covered, [please review the code relationship's associated source.](#)

Code	Descr	Source
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	<a href="#">Carriers</a>
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	<a href="#">Carriers</a>
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	<a href="#">Carriers</a>
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	<a href="#">Carriers</a>
29540	Strapping; ankle and/or foot	<a href="#">Carriers</a>
29550	Strapping; toes	<a href="#">Carriers</a>
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	<a href="#">Carriers</a>
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	<a href="#">Carriers</a>
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	<a href="#">Carriers</a>

The final section for ICD-9-CM codes is the “Medicare Policies & Guidelines” section which shows Medicare NCDs, LCDs, and Articles that relate to or refer to the current code. As the Cross-A-Code section the Medicare Policies & Guidelines section allows filtering for carrier specific, state specific, or all documents:

**Medicare Policies & Guidelines** Auto-open

To see which individual *codes* are covered/not covered, review the sections below or check the 'Cross-A-Code™' Section above.

**View documents from:**

- My carrier only (09102 - First Coast Service Options, Inc.)
- My state carriers (FL)
- All carriers (Note: loading times may increase significantly!)

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**LCDs (4)** Auto-open

ACTIVE

- [Magnetic Resonance Imaging \(MRI\) of Any Joint of the Lower Extremities \(L29219\)](#)
- [Strapping \(L29314\)](#)
- [Arthrocentesis \(L29061\)](#)
- [Injection of Trigger Points \(L29199\)](#)

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**Articles (0)** Auto-open

There are no related documents to display.

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**NCDs (1)** Auto-open

- [NCD 190.15 - Blood Counts](#)

Each document reference is linked so that the customer can quickly go directly to that document for a full review of related information.

# ICD-10-CM

The ICD-10-CM page contains a quick search box that returns results that are specific to ICD-10-CM diagnosis codes. Below the search box is a menu of links to ICD-10-CM related information.

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

> Home > Code Sets Client Codes/Fee Schedule: My Fee Schedule

## ICD-10-CM Diagnosis Codes

### ICD-10-CM Search

Search

Enter a code or keywords from the code description, article, or document.

Code Sets	Coding Information	Coding Tools
<p><b>Diagnosis (Dx)</b></p> <ul style="list-style-type: none"><li>ICD-10-CM - Codes</li><li>ICD-10-CM - Index</li></ul> <p><b>Procedure (Tx)</b></p> <ul style="list-style-type: none"><li>ICD-10-PCS Code Set</li></ul> <p><b>Information</b></p> <ul style="list-style-type: none"><li>ICD-10-CM Code Set Information</li><li>ICD-10 Overview</li><li>ICD-10 Myths and Facts</li><li>ICD-10 Basics for Medical Practices</li></ul>	<p><b>Helps &amp; Guides</b></p> <ul style="list-style-type: none"><li>ICD-10-CM Quick Reference Guide</li><li>ICD-10-CM Coding Guidelines</li></ul> <p><b>Information</b></p> <ul style="list-style-type: none"><li>The ICD-10 Transition: An Introduction</li><li>ICD-10 Overview Power Point</li><li>Talking to Your Vendors About ICD-10</li><li>GEMs Fact Sheet</li><li>GEMs/Crosswalks Basic FAQ</li><li>GEMs/Crosswalks Technical FAQ</li><li>GEMs for Technical Users</li></ul> <p><b>Medicare Manuals &amp; Guides</b></p> <ul style="list-style-type: none"><li>PUB100 - Medicare Guides and Manuals</li><li>Medicare Contractors - LCDs &amp; Articles</li><li>NCDs - National Coverage Determinations</li><li>More... (Forms, FAQs, NCCI, etc.)</li></ul>	<p><b>Search</b></p> <ul style="list-style-type: none"><li>Find-A-Code™ Search - Simple search!</li><li>Browse-A-Code™ <b>NEW!</b> - Fast &amp; fun!</li><li>Click-A-Dex™ - Fast index searching.</li><li>Build-A-Code™ - Code list builder.</li><li>Cross-A-Code™ ICD-9/10 GEMs <b>NEW!</b></li></ul> <p><b>My Tools</b></p> <ul style="list-style-type: none"><li>My Code Lists - Locality-based code lists.</li><li>My Code Notes - Your code notes.</li><li>My Account - Personalize Find-A-Code.</li></ul>

A ICD-10-CM code information page looks like:

The screenshot displays the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, and Sign Out. A search bar is located on the right side of the navigation bar. Below the navigation bar, the Find-A-Code logo is prominently displayed, along with buttons for 'WHAT'S NEW', 'WATCH VIDEOS', and 'LIVE CHAT OFFLINE'. The user's name, David Berky, and the current viewing period, 2011Q3, are shown on the right. The breadcrumb trail indicates the user is in the 'Code Sets > ICD-10-CM Diagnosis Codes' section. The main content area is titled 'ICD-10-CM Diagnosis Codes - M24.571' and includes a note that 'M24.571 is NOT in your My Codes list. To ADD:'. Below this, there are several expandable sections: 'ICD10CM Chapter/Section Guidelines & Notes', 'Code Information' (which contains the text 'M24.571 - Contracture, right ankle'), 'Additional Code Information', 'Dictionary Definitions', 'My Notes', 'Alerts (0 alerts)', 'Coding Tips (0 tips)', and 'ICD-10 to ICD-9 Cross-A-Code™ (GEMs & RMs)'. Each section has an 'Auto-open' button.

The ICD-10 to ICD-9 Cross-A-Code™ section works similar to the mirrored section in the ICD-9-CM code information pages. In this case it maps the ICD-10 code to the ICD-9 code(s).

# CPT® Codes

The CPT Codes page contains a quick search box that returns results that are specific to CPT procedure codes. Below the search box is a menu of links to CPT related information.

The screenshot shows the Find-A-Code website interface. At the top is a navigation bar with links: Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and a search box labeled 'Find-A-Code:'. Below the navigation bar is a banner with the 'Find-A-Code' logo and the tagline 'Quick and Easy Medical Coding'. To the right of the logo are buttons for 'WHAT'S NEW', 'WATCH VIDEOS', and 'LIVE CHAT OFFLINE'. Further right, it says 'David Berky - Viewing: 2011Q3'. Below the banner is a breadcrumb trail '> Home > Code Sets' and a dropdown menu for 'Client Codes/Fee Schedule: My Fee Schedule'. The main heading is 'CPT® - Current Procedural Terminology® Codes' with a sub-heading 'CPT Code Search'. Below this is a search box with the placeholder text 'Enter a code or keywords...' and a 'Search' button. Underneath the search box is a small instruction: 'Enter a code or keywords from the code description, article, or document.' The main content area is divided into three columns: 1. 'Code Sets' containing 'Procedure (Tx)' with links for CPT® Codes - Level I Codes, CPT® Modifiers (00-99), HCPCS Codes - Level II Codes, HCPCS Codes - Index Look-Up, and HCPCS Modifiers (AA-Z9); and 'Information' with links for 2011 Corrections, CPT 2010-2011 Update, Alerts: New CPT Codes for 2011, Alerts: Changed CPT Codes for 2011, Alerts: Deleted CPT Codes for 2011, and CPT Code Set Information. 2. 'Coding Information' containing 'Newsletters' with a link for CPT Assistant +Archives, and 'Medicare Manuals & Guides' with links for PUB100 - Medicare Guides and Manuals, E&M Guidelines & Procedures, Medicare Contractors - LCDs & Articles, NCDs - National Coverage Determinations, PQRI Program, and More... (Forms, FAQs, NCCI, etc.). 3. 'Coding Tools' containing 'Search' with links for Find-A-Code™ Search - Simple search!, Browse-A-Code™ NEW! - Fast & fun!, Click-A-Dex™ - Fast index searching, and Build-A-Code™ - Code list builder; 'My Tools' with links for My Code Lists - Locality-based code lists, My Code Notes - Your code notes, and My Account - Personalize Find-A-Code; and 'Scrubbing & Validation' with links for Scrub-A-Claim™ NEW! - Claim Scrubber and NCCI Edit Validator - Non-Facility Edition.

A CPT code information page looks like:

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

> Home > Code Sets > CPT® Procedure Codes Client Codes/Fee Schedule: My Fee Schedule

---

**CPT® Code Set - 99201** 99201 is in your My Codes list. To Remove:

**+ CPT Chapter/Section Guidelines & Notes** Auto-open

**Code Information**

**Code Changed 2011-01-01**

**99201** - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

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**+ CPT® Assistant Articles** Auto-open

**+ Additional Code Information** Auto-open

**+ Code History** Auto-open

**+ Dictionary Definitions** Auto-open

---

**+ My Notes (You Have Notes)** Auto-open

**+ Alerts (1 alert)** Auto-open

**+ Articles & Newsletters** Auto-open

**+ Coding Tips (1 tip)** Auto-open

**+ Fees** Auto-open

**+ RVUs - Relative Value Units** Auto-open

**+ Cross-A-Code™ (ICD-9, CPT, HCPCS, Modifiers, ASA CROSSWALK®)** Auto-open

**+ NCCI Edits** Auto-open

**+ Medicare Policies & Guidelines** Auto-open

In addition to the previously described sections, a CPT code information page shows much CPT specific information in the Additional Code Information section:

**Additional Code Information**
Auto-open

**Short Descr:** OFFICE/OUTPATIENT VISIT NEW  
**Medium Descr:** OFFICE OUTPT NEW 10 MIN

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**APC Status Indicator:** V Clinic or Emergency Department Visit

**Status Code:** A - Active Code

**Global Days:** XXX - Global Concept Does Not Apply

**PC/TC Indicator (26):** 0 - Physician Service Code

**Multiple Procedures (51):** 0 - No payment adjustment rules for multiple procedures apply.

**Bilateral Surgery (50):** 0 - 150% payment adjustment for bilateral procedures does NOT apply.

**Physician Supervisions:** 09 - Concept does not apply.

**Assistant Surgeon (80, 82):** 0 - Payment restriction for assistants at surgery applies to this procedure...

**Co-Surgeons (62):** 0 - Co-surgeons not permitted for this procedure.

**Team Surgery (66):** 0 - Team surgeons not permitted for this procedure.

**Non-Facility MUEs:** 1

**Facility MUEs:** Not applicable/unspecified.

**Diagnostic Imaging Family:** 99 - Concept Does Not Apply

**SNOMED CT® Relationships:**

- Complexity: Straightforward decision making (observable entity)
- Locale: Outpatient environment (environment)
- Method: Evaluation - action (qualifier value)
- Problem focused history taking - action (qualifier value)
- Management - action (qualifier value)
- Problem focused examination - action (qualifier value)

Patient Type: New patient (person)

\* SNOMED CT® information is copyright ©2009 National Library of Medicine, Department of Health and Human Services, United States Government, SNOMED CT®, UMLS® Metathesaurus® - All Rights Reserved. Find-A-Code, LLC is a licensee of the SNOMED CT® data set.

Items that are marked with a dotted underline have pop-up windows that contain descriptions, definitions and additional information related to the underlined item:

**APC Status Indicator:** V Clinic or Emergency Department Visit

**Status Code:** A - A           

**Global Days:** XXX           

**PC/TC Indicator (26):** 0 - P           

**Multiple Procedures (51):** 0 - N           

**Bilateral Surgery (50):** 0 - 1           

**Physician Supervisions:** 09 -           

**Assistant Surgeon (80, 82):** 0 - P           

**Co-Surgeons (62):** 0 - Co-surgeons not permitted for this procedure.

**Status Code: V** ✕

**Item/Code/Service**  
 Clinic or Emergency Department Visit

**OPPS Payment Status**  
 Paid under OPPS; separate APC payment.

Often there are coding tips for particular codes:

**Coding Tips (1 tip)**
Auto-open

**Medicare Telehealth Fact Sheet**

If this service is performed as a telehealth service, review this fact sheet to ensure billing compliance. This fact sheet is designed to provide education on services furnished to eligible Medicare beneficiaries via a telecommunications system, including originating sites, distant site practitioners, telehealth services, billing and payment for professional services furnished via telehealth, and billing and payment for the originating site facility fee.

[View Medicare Telehealth Fact Sheet](#)

Source: <http://www.CMS.gov/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>

The CPT and HCPCS code sets also have a special “Fees” section:

**Fees**
Auto-open

Calculated for FL (33612) - First Coast Service Options, Inc. (09102)

\* Note: Medicare may or may NOT reimburse you for this code. The fees provided below are based on values established by CMS/Medicare. Please check with your local Medicare contact on whether this code is eligible for reimbursement.

**Facility (Hospital, etc.)**
Auto-open

**Medicare vs. My Fee Evaluation**

Modifier	Medicare Allowed	155%	200%	My Fee
(none)	\$26.49	\$41.06	\$52.98	(enter)

**Medicare Participating - Assignment Accepted (Mandatory)**

Modifier	Allowed	Medicare 80%	Patient Pays
(none)	\$26.49	\$21.19	\$5.30

**Medicare Non-Participating - Assignment Accepted (Check To Doctor)**

Modifier	Allowed	Medicare 80%	Patient Pays	Limiting Charge (Amount Billed)
(none)	\$25.16	\$20.13	\$5.03	\$28.94

**Medicare Non-Participating - Assignment NOT Accepted (Check To Patient)**

Modifier	Allowed	Medicare 80%	Patient Pays	Limiting Charge (Amount Billed)
(none)	\$25.16	\$20.13	\$28.94	\$28.94

And a comprehensive “RVUs - Relative Value Units” section:

RVUs - Relative Value Units
Auto-open

Calculated for FL (33612) - First Coast Service Options, Inc. (09102)

\* Note: Medicare may or may NOT reimburse you for this code. The fees provided below are based on values established by CMS/Medicare. Please check with your local Medicare contact on whether this code is eligible for reimbursement.

Facility 0.78 (Hospital, etc.)
Auto-open

**RVU Components (by modifier)**

Modifier	Work	Practice Expense	Malpractice Expense	Total
(none)	0.48	0.23	0.07	<b>0.78</b>

Practitioner Work Component: 0.48

**Practitioner Labor:**

Pre-Service	Intra-Service	Post-Service	Total Time*
0	10	5	<b>17 min</b>

\* Total Time may be greater than the displayed components.

**Work RVU Components (by modifier)**

Modifier	National Unadjusted Work RVU	Work GPCI	Adjusted Work RVU
(none)	0.480	1.0000	0.48

+ Practice Expense: 0.23

+ Malpractice Component: 0.07

+ Non-Facility 1.22 (Office, etc.)
Auto-open

As shown here the RVUs section also contains RVU component information for each of the three components. The “Practitioner Work Component” section is shown above, the other sections are displayed as:

-
Practice Expense: 0.23

**Clinical Labor - Direct Expense**

Staff	Staff Rate	Pre Time	Intra Time	Post Time	Total Time*
RN/LPN/MTA	.37 / min	0 min	0 min	0 min	<b>0 min</b>

\* Total Time may be greater than the displayed components.

**Equipment - Direct Expense**

Item	Purchase Price	Expected Life	Total Time
table, exam	\$1,338.17	15 years	<b>0 min</b>
otoscope-ophthalmoscope (wall unit)	\$694.00	10 years	<b>0 min</b>

**Supplies - Direct Expense**

Item	Unit Price	Quantity	Unit	Amount
pack, EM visit	\$2.98	0	pack	<b>\$0.00</b>

**Indirect Expenses** (clerical, overhead, and other) are also included in the practice expense.

**PE RVU Components (by modifier)**

Modifier	National Unadjusted PE RVU	PE GPCI	Adjusted PE RVU
(none)	0.240	0.9760	<b>0.23</b>

-
Malpractice Component: 0.07

**MP RVU Components (by modifier)**

Modifier	National Unadjusted MP RVU	MP GPCI	Adjusted MP RVU
(none)	0.040	1.6350	<b>0.07</b>

Separate subsections for Facilities and Non-facilities are included in both the Fees and RVU sections.

CPT and HCPCS code information pages also contain a “NCCI Edits” section which also shows edits for both Facilities and Non-facilities:

NCCI Edits
Auto-open

Facility (Hospital, etc)
Auto-open

Move your mouse over a code to see the code description. Click to go to the code.

**99201** is a **Comprehensive Code** (column 1) which includes (column 2):

Column 1	Column 2							
99201	43752 <sup>1</sup>	80500 <sup>1</sup>	80502 <sup>1</sup>	90862 <sup>1</sup>	90940 <sup>1</sup>	92002 <sup>1</sup>	92004 <sup>1</sup>	92012 <sup>1</sup>
	92014 <sup>1</sup>	92227 <sup>1</sup>	92228 <sup>1</sup>	92531 <sup>1</sup>	92532 <sup>1</sup>	93561 <sup>1</sup>	93562 <sup>1</sup>	94002 <sup>1</sup>
	94003 <sup>1</sup>	94004 <sup>1</sup>	94660 <sup>1</sup>	94662 <sup>1</sup>	95831 <sup>1</sup>	95832 <sup>1</sup>	95833 <sup>1</sup>	95834 <sup>1</sup>
	95851 <sup>1</sup>	95852 <sup>1</sup>	96020 <sup>1</sup>	96101 <sup>1</sup>	96102 <sup>1</sup>	96103 <sup>1</sup>	96105 <sup>1</sup>	96116 <sup>1</sup>
	96118 <sup>1</sup>	96119 <sup>1</sup>	96120 <sup>1</sup>	96125 <sup>1</sup>	96150 <sup>1</sup>	96151 <sup>1</sup>	96152 <sup>1</sup>	96153 <sup>1</sup>
	96154 <sup>1</sup>	96523 <sup>1</sup>	97802 <sup>1</sup>	97803 <sup>1</sup>	97804 <sup>1</sup>	99408 <sup>1</sup>	99409 <sup>1</sup>	99605 <sup>1</sup>
	99606 <sup>1</sup>	G0102 <sup>1</sup>	G0117 <sup>1</sup>	G0118 <sup>1</sup>	G0245 <sup>1</sup>	G0246 <sup>1</sup>	G0248 <sup>1</sup>	G0250 <sup>1</sup>
	G0270 <sup>1</sup>	G0271 <sup>1</sup>	G0396 <sup>1</sup>	G0397 <sup>1</sup>	M0064 <sup>1</sup>			

**99201** is a **Component Code** of the codes in column 1:

Column 1	Column 2						
00100	99201 <sup>1</sup>	00102	99201 <sup>1</sup>	00103	99201 <sup>1</sup>	00104	99201 <sup>1</sup>
00120	99201 <sup>1</sup>	00124	99201 <sup>1</sup>	00126	99201 <sup>1</sup>	00140	99201 <sup>1</sup>
:							
P3001	99201 <sup>1</sup>	Q0091	99201 <sup>1</sup>				

**99201** is **Mutually Exclusive** to these codes:

Column 1	Column 2	Column 1	Column 2	Column 1	Column 2	Column 1	Column 2
99201	99239 <sup>1</sup>						

**Superscript Notes:**  
 Superscript <sup>0</sup> - NO modifiers associated with the CCI are allowed to be used with this code pair.  
 Superscript <sup>1</sup> - Modifiers associated with the CCI are allowed with this code pair when appropriate.

Non-Facility (Office, etc.)
Auto-open

Hovering the mouse over a linked code will show the code’s short description. Clicking on the code will take the customer to that code’s information page.

# HCPCS

The HCPCS Codes page contains a quick search box that returns results that are specific to HCPCS procedure codes. Below the search box is a menu of links to HCPCS related information.

The screenshot displays the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, and Sign Out. A search box labeled 'Find-A-Code:' is present, along with a 'Search' button. Below the navigation bar, the 'Find-A-Code' logo is displayed with the tagline 'Quick and Easy Medical Coding'. There are three buttons: 'WHAT'S NEW', 'WATCH VIDEOS', and 'LIVE CHAT ONLINE'. The user's name 'David Berky' and the current viewing period '2011Q3' are shown. Below this, there is a breadcrumb trail '> Home > Code Sets' and a dropdown menu for 'Client Codes/Fee Schedule' set to 'My Fee Schedule'.

## HCPCS Level II Codes (DME, Prosthetics, Orthotics, Supplies)

### HCPCS Search

Enter a code or keywords...

Enter a code or keywords from the code description, article, or document.

#### Code Sets

- Procedure (Tx)**
  - HCPCS Codes - Level II Codes**
  - HCPCS Codes - Index Look-Up
  - HCPCS Modifiers (AA-Z9)
  - CPT® Codes - Level I Codes
  - CPT® Modifiers (00-99)
- Information**
  - New HCPCS Codes for 2011
  - Changed HCPCS Codes for 2011
  - Deleted HCPCS Codes for 2011
  - HCPCS Code Set Information

#### Coding Information

- Medicare Manuals & Guides**
  - PUB100 - Medicare Guides and Manuals
  - E&M Guidelines & Procedures
  - Medicare Contractors - LCDs & Articles
  - NCDs - National Coverage Determinations
  - PQRI Program
  - More... (Forms, FAQs, NCCI, etc.)

#### Coding Tools

- Search**
  - Find-A-Code™ Search - Simple search!
  - Browse-A-Code™ **NEW!** - Fast & fun!
  - Click-A-Dex™ - Fast index searching.
  - Build-A-Code™ - Code list builder.
- My Tools**
  - My Code Lists - Locality-based code lists.
  - My Code Notes - Your code notes.
  - My Account - Personalize Find-A-Code.
- Scrubbing & Validation**
  - Scrub-A-Claim™ **NEW!** - Claim Scrubber
  - NCCI Edit Validator - Non-Facility Edition

# ICD-9-CM vol 3

The ICD-9-CM vol 3 Codes page contains a quick search box that returns results that are specific to ICD-9-CM vol 3 procedure codes. Below the search box is a menu of links to ICD-9-CM vol 3 related information.

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT ONLINE

David Berky - Viewing: 2011Q3

> Home > Code Sets Client Codes/Fee Schedule: My Fee Schedule

## ICD-9 v3 Procedure Codes

### ICD-9 vol 3 Search

Search

Enter a code or keywords from the code description, article, or document.

Code Sets	Coding Information	Coding Tools
<p> <b>Procedure (Tx)</b></p> <p><b>ICD-9 Vol 3 Codes - (Inpatient Only)</b></p> <p>ICD-9 Vol 3 (Index)</p> <p> <b>Diagnosis (Dx)</b></p> <p>ICD-9-CM - Volume 1 Diagnosis Codes</p> <p> <b>Information</b></p> <p>2012 Tabular Addenda 2012 Conversion Table New ICD-9 Vol 3 Codes for 2011 Changed ICD-9 Vol 3 Codes for 2011 Deleted ICD-9 Vol 3 Codes for 2011 ICD-9-CM Vol 3 Code Set Information</p>	<p> <b>Medicare Manuals &amp; Guides</b></p> <p>PUB100 - Medicare Guides and Manuals Medicare Contractors - LCDs &amp; Articles NCDs - National Coverage Determinations More... (Forms, FAQs, NCCI, etc.)</p>	<p> <b>Search</b></p> <p>Find-A-Code™ Search - Simple search! Browse-A-Code™ <b>NEW!</b> - Fast &amp; fun! Click-A-Dex™ - Fast index searching. Build-A-Code™ - Code list builder. Cross-A-Code™ ICD-9/10 GEMS <b>NEW!</b></p> <p> <b>My Tools</b></p> <p>My Code Lists - Locality-based code lists. My Code Notes - Your code notes. My Account - Personalize Find-A-Code.</p>

## CDT (Dental "D" Codes)

The CDT Codes page contains a quick search box that returns results that are specific to CDT procedure codes. Below the search box is a menu of links to CDT related information. The CDT page also provides links to other dental-specific documents and tools such as:

- Recent changes
- ADA Claim Form
- Tooth Numbering
- 100+ Questions and Answers
- Dental Codes Glossary

These documents and tools are licensed by Find-A-Code from the American Dental Association (ADA).

The screenshot shows the top navigation bar of the Find-A-Code website. It includes a search bar with the text "Find-A-Code:" and a "Search" button. Below the search bar are three buttons: "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT ONLINE". To the right, it says "David Berky - Viewing: 2011Q3" with a dropdown arrow. Below the navigation bar, there is a breadcrumb trail "> Home > Code Sets" and a "Client Codes/Fee Schedule:" dropdown menu set to "My Fee Schedule".

## CDT<sup>®</sup> - Current Dental Terminology<sup>®</sup> Codes

### CDT Code Search

Enter a code or keywords from the code description, article, or document.

The screenshot displays three main content sections on the Find-A-Code website:

- Code Sets:**
  - Procedure (Tx)**
    - CDT<sup>®</sup> Dental Codes - "D" Codes
    - HCPCS Codes - Level II Codes
  - Information**
    - 2011-2012 Changes
    - CDT Code Set Information
  - ADA Claim Form (2006)**
    - Instructions (Both Paper and Electronic)
    - Paper Version (Claim Form)
    - Electronic Version Instructions
    - Electronic Version (Claim Form)
- Coding Information:**
  - Information**
    - Tooth Numbering & the Oral Cavity
    - 100+ Questions & Answers
    - Dental Codes Glossary
  - Medicare Manuals & Guides**
    - Medicare Dental Coverage
- Coding Tools:**
  - Search**
    - Find-A-Code<sup>™</sup> Search - Simple search!
    - Browse-A-Code<sup>™</sup> **NEW!** - Fast & fun!
    - Click-A-Dex<sup>™</sup> - Fast index searching.
    - Build-A-Code<sup>™</sup> - Code list builder.
  - My Tools**
    - My Code Lists - Locality-based code lists.
    - My Code Notes - Your code notes.
    - My Account - Personalize Find-A-Code.
  - Validation**
    - NCCI Edit Validator - Non-Facility Edition

# ICD-10-PCS

The ICD-10-PCS codes page contains a quick search box that returns results that are specific to ICD-10-PCS procedure codes. Below the search box is a menu of links to ICD-10-PCS related information.

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT ONLINE

David Berky - Viewing: 2011Q3

> Home > Code Sets Client Codes/Fee Schedule: My Fee Schedule

## ICD-10-PCS Procedure Codes

### ICD-10-PCS Search

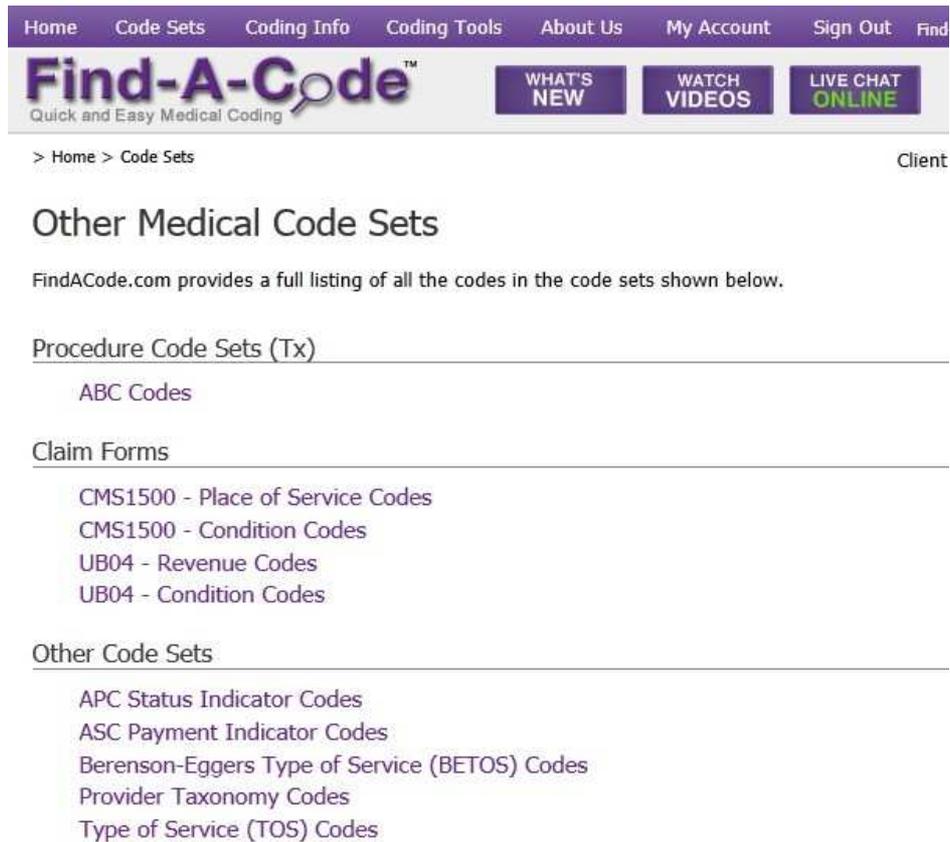
Enter a code or keywords...

Enter a code or keywords from the code description, article, or document.

Code Sets	Coding Information	Coding Tools
<p> <b>Procedure (Tx)</b></p> <p><b>ICD-10-PCS - Codes</b></p> <p> <b>Diagnosis (Dx)</b></p> <p>ICD-10-CM Code Set</p> <p> <b>Information</b></p> <p>ICD-10-PCS 2011 What's New ICD-10-PCS 2011 New Codes ICD-10-PCS 2011 Deleted Codes ICD-10-PCS Code Set Information ICD-10-PCS Slide Show ICD-10 Overview ICD-10 Myths and Facts ICD-10 Basics for Medical Practices</p>	<p> <b>Helps &amp; Guides</b></p> <p>ICD-10-PCS Coding Guidelines ICD-10-PCS Reference Manual</p> <p> <b>Information</b></p> <p>The ICD-10 Transition: An Introduction ICD-10 Overview Power Point Talking to Your Vendors About ICD-10 GEMs Fact Sheet GEMs/Crosswalks Basic FAQ GEMs/Crosswalks Technical FAQ GEMs for Technical Users</p> <p> <b>Medicare Manuals &amp; Guides</b></p> <p>PUB100 - Medicare Guides and Manuals Medicare Contractors - LCDs &amp; Artides NCDs - National Coverage Determinations More... (Forms, FAQs, NCCI, etc.)</p>	<p> <b>Search</b></p> <p>Find-A-Code™ Search - Simple search! Browse-A-Code™ <b>NEW!</b> - Fast &amp; fun! Click-A-Dex™ - Fast index searching. Build-A-Code™ - Code list builder. Cross-A-Code™ ICD-9/10 GEMs <b>NEW!</b></p> <p> <b>My Tools</b></p> <p>My Code Lists - Locality-based code lists. My Code Notes - Your code notes. My Account - Personalize Find-A-Code.</p>

## Other Code Sets

Find-A-Code also provides many other code sets such as the Diagnosis Related Groups (DRGs), Ambulatory Payment Classifications (APCs) and:



The screenshot shows the Find-A-Code website interface. At the top is a navigation bar with links: Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find. Below the navigation bar is the Find-A-Code logo with the tagline "Quick and Easy Medical Coding" and three buttons: "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT ONLINE". Below the logo is a breadcrumb trail: "> Home > Code Sets" and a "Client" link. The main heading is "Other Medical Code Sets". Below this heading is a paragraph: "FindAcode.com provides a full listing of all the codes in the code sets shown below." There are three sections, each with a horizontal line below the heading: "Procedure Code Sets (Tx)" containing "ABC Codes"; "Claim Forms" containing "CMS1500 - Place of Service Codes", "CMS1500 - Condition Codes", "UB04 - Revenue Codes", and "UB04 - Condition Codes"; and "Other Code Sets" containing "APC Status Indicator Codes", "ASC Payment Indicator Codes", "Berenson-Eggers Type of Service (BETOS) Codes", "Provider Taxonomy Codes", and "Type of Service (TOS) Codes".

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT ONLINE

> Home > Code Sets Client

### Other Medical Code Sets

FindAcode.com provides a full listing of all the codes in the code sets shown below.

#### Procedure Code Sets (Tx)

- ABC Codes

#### Claim Forms

- CMS1500 - Place of Service Codes
- CMS1500 - Condition Codes
- UB04 - Revenue Codes
- UB04 - Condition Codes

#### Other Code Sets

- APC Status Indicator Codes
- ASC Payment Indicator Codes
- Berenson-Eggers Type of Service (BETOS) Codes
- Provider Taxonomy Codes
- Type of Service (TOS) Codes

# Coding Information

Find-A-Code also provides a vast array of coding information including:

- Guides & Handbooks
- Newsletters & Articles
- Medicare Manuals, Guides, Programs, FAQs, Transmittals, and Forms
- Coding related National Legislation (PSQIA, HIPAA, etc.)

Listed below are two examples from the library of coding information available through Find-A-Code.

## CPT® Assistant

The CPT Assistant articles may be accessed in one of two ways. The first way is through a CPT Assistant specific search:

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code. Below this is the Find-A-Code logo and a search bar. The main content area shows a search for '99201' with a list of search results. On the left, there is a sidebar with filters for various code sets and categories.

**Search Results**

Enter a code or keywords from the code description, article, or document.  
How do I search?

Filter Category	Filter Name	Status
ICD-9-CM Vol 1,2	Codes	<input type="checkbox"/>
	Chpt/Sect Notes	<input type="checkbox"/>
ICD-9-CM Vol 3	Codes	<input type="checkbox"/>
	Chpt/Sect Notes	<input type="checkbox"/>
CPT®, CPT® Assistant	Codes	<input type="checkbox"/>
	Chpt/Sect Notes	<input type="checkbox"/>
	CPT® Assistant Articles (55)	<input checked="" type="checkbox"/>
Modifiers (CPT®/HCPCS)	CPT® Modifiers	<input type="checkbox"/>
	HCPCS Modifiers	<input type="checkbox"/>
HCPCS, CDT® "D" Codes	Codes	<input type="checkbox"/>
	Chpt/Sect Notes	<input type="checkbox"/>
	CDT (Dental) Codes	<input type="checkbox"/>
	CDT (Dental) Chpt/Sect Notes	<input type="checkbox"/>
Hospital/Facility	UB-04 Revenue Codes	<input type="checkbox"/>
	UB-04 Condition Codes	<input type="checkbox"/>

<b>CPT ASSIST.</b> ARTICLE	Evaluation and Management (February 2006) ... evaluation and management <b>99201</b> 99211 q&a question ...
<b>CPT ASSIST.</b> ARTICLE	Evaluation and Management (February 2006) ... evaluation and management <b>99201</b> q&a question of ...
<b>CPT ASSIST.</b> ARTICLE	Evaluation and Management (October 2006) ... management 99381 99397 <b>99201</b> 99215 q&a question ...
<b>CPT ASSIST.</b> ARTICLE	Coding Clarification: Evaluation and Management (August 2006) ... of e/m services <b>99201</b> the following clarification ...
<b>CPT ASSIST.</b> ARTICLE	Clinical Examples of New CPT Codes for Evaluation and Management (E/M) Services (Spring 1992) ... level of service. <b>99201</b> examples office visit ...
<b>CPT ASSIST.</b> ARTICLE	Evaluation and Management (E/M) Codes (Winter 1991) ... number is listed <b>99201</b> the place or ...
<b>CPT ASSIST.</b> ARTICLE	Casting/Strapping/Splinting: For Hospital Outpatient Reporting (April 2002) ... to explain codes <b>99201</b> and 99202 map ...
<b>CPT ASSIST.</b> ARTICLE	Total Hip Replacement (Spring 1992) ... daily. cpt code <b>99201</b> is appropriate. the ...
<b>CPT ASSIST.</b> ARTICLE	Medicare Outpatient Prospective Payment System, 2004 Update, Part 1 (March 2004) ... cpt codes 92012 <b>99201</b> 99202 99211 99212 ...
<b>CPT ASSIST.</b> ARTICLE	CPT/HCPCS Hospital Outpatient Reporting Part I (January 2003) ... example cpt codes <b>99201</b> 99202 99211 99212 ...

CPT Assistant articles may also be viewed as related to a specific code:

**Articles & Newsletters** Auto-open

**CPT® Assistant Articles** Auto-open

The following CPT® Assistant Articles refer to this code (99201):

**2011**

- Coding Clarification: Reporting Observation Care - Initial, Subsequent, and Discharge Services (June 2011)
- Surgery: Digestive System (Q & A) (March 2011)
- Ophthalmology Changes for 2011 (February 2011)
- Medicare Physician Payment Changes: 2011 Conversion Factor (January 2010)

**2010**

- Category II CPT Codes and Physician Performance Measures\* (July 2010)

**2009**

- Evaluation and Management (E/M) Services (December 2009)
- Evaluation and Management (E/M) Services (December 2009)
- Reporting Cystourethroscopy (August 2009)
- New vs Established Patient, Decision Tree Explanation (August 2009)
- Revisions to Prolonged Services (Codes 99354-99357) (July 2009)
- Preventive Medicine Services (July 2009)
- Wearable Mobile Cardiovascular Telemetry (March 2009)
- 2009 Changes for Neonatal and Pediatric Inpatient Coding - New & Clarified Guidelines and Renumbered Codes (March 2009)

**2007**

- Anticoagulant Management (September 2007)
- Evaluation and Management Services Guidelines - What's New in CPT 2007? (July 2007)
- Evaluation and Management: Office or Other Outpatient Services, Consultations (April 2007)

Clicking on an article link will take the customer to the article display page:

The screenshot shows the Find-A-Code website interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code: [input field] Search. Below this is the Find-A-Code logo with the tagline 'Quick and Easy Medical Coding'. There are three buttons: 'WHAT'S NEW', 'WATCH VIDEOS', and 'LIVE CHAT OFFLINE'. The user 'David Berky' is viewing the '2011Q3' edition. The 'Client Codes/Fee Schedule' is set to 'My Fee Schedule'. The main content area has a yellow header: 'CPT Assistant Archives - Coding Clarification: Reporting Observation Care - Initial, Subsequent, and Discharge Services'. Below the header, it says 'June 2011 pages 3-7' and 'Prev Next'. The article title is 'Coding Clarification: Reporting Observation Care - Initial, Subsequent, and Discharge Services'. The text explains the reporting of observation care services, mentioning codes 99224-99226, 99218-99220, 99217, and 99234-99236. A 'Coding Tip' box states that observation encounters by non-supervising physicians can be reported using Office or Other Outpatient Consultation codes (99241-99245) or Subsequent Observation Care codes (99224-99226). A paragraph discusses shifts in practice where observation services are provided on days subsequent to the initial service. Codes 99224-99226 are noted to have a number symbol (#) indicating they are out of numerical sequence. A bullet point for #99224 describes it as 'Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:'.

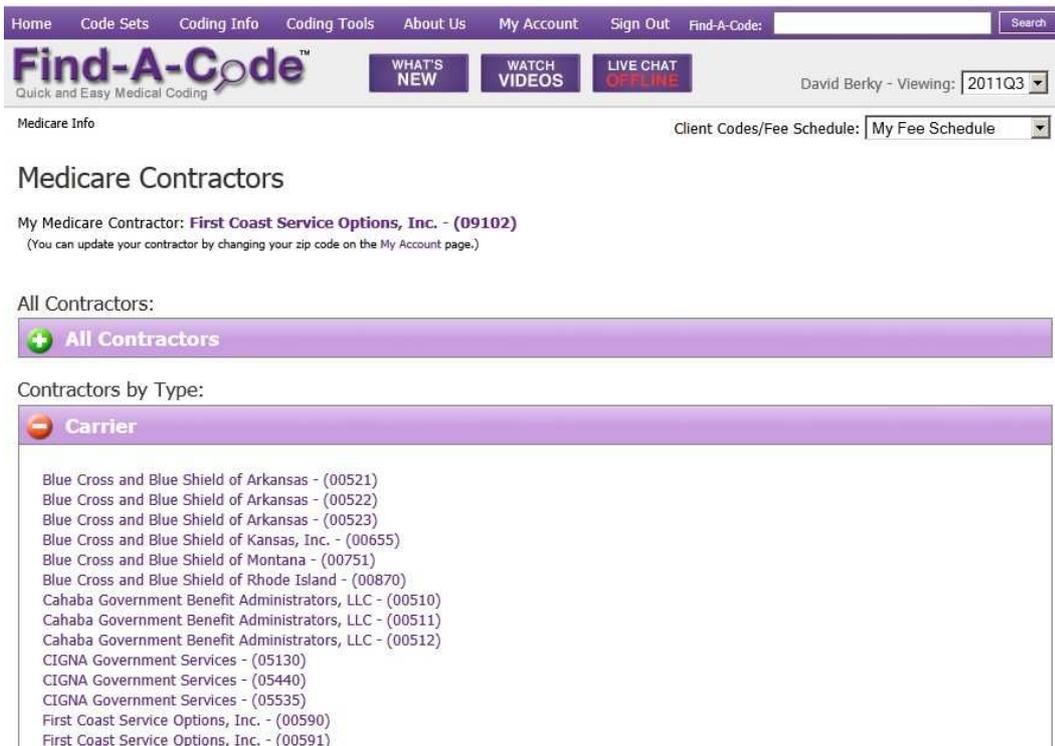
This page also shows the edition and pages where the article appears in the CPT Assistant newsletter. The “Prev” and “Next” links allow the customer to navigate through the articles in a historical order.

# Medicare Contractor Information

Customers can also drill into Find-A-Code’s comprehensive database of Medicare information such as the Medicare Contractor Information library:

The screenshot shows the Find-A-Code website interface. At the top is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, and Sign Out. A search bar is located on the right of the navigation bar. Below the navigation bar is the Find-A-Code logo with the tagline "Quick and Easy Medical Coding". To the right of the logo are three buttons: "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT OFFLINE". Further right, it displays the user name "David Berky" and the viewing period "2011Q3". Below this is a "Medicare Info" section with a dropdown menu for "Client Codes/Fee Schedule" set to "My Fee Schedule". The main heading is "Medicare Contractors". Below this, it shows the user's current contractor: "My Medicare Contractor: **First Coast Service Options, Inc. - (09102)**". A note below states: "(You can update your contractor by changing your zip code on the My Account page.)". Under the heading "All Contractors:", there is a single button labeled "+ All Contractors". Under the heading "Contractors by Type:", there is a list of contractor types, each with a "+ " icon: Carrier, Fiscal Intermediary, Regional Home Health Intermediary, DMERC, DME PSC, MAC - Part A, MAC - Part B, and DME MAC.

Open a section to see contractors who are grouped into the section:



The screenshot shows the Find-A-Code Medicare Contractors page. At the top is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code. Below the navigation bar is the Find-A-Code logo and a search bar. The page title is "Medicare Contractors". Underneath, it says "My Medicare Contractor: First Coast Service Options, Inc. - (09102)". There is a section for "All Contractors" with a green plus icon. Below that is a section for "Contractors by Type:" with a red minus icon and a "Carrier" sub-section. The Carrier section lists various carriers with their respective contractor numbers, including Blue Cross and Blue Shield of Arkansas, Cahaba Government Benefit Administrators, LLC, CIGNA Government Services, and First Coast Service Options, Inc.

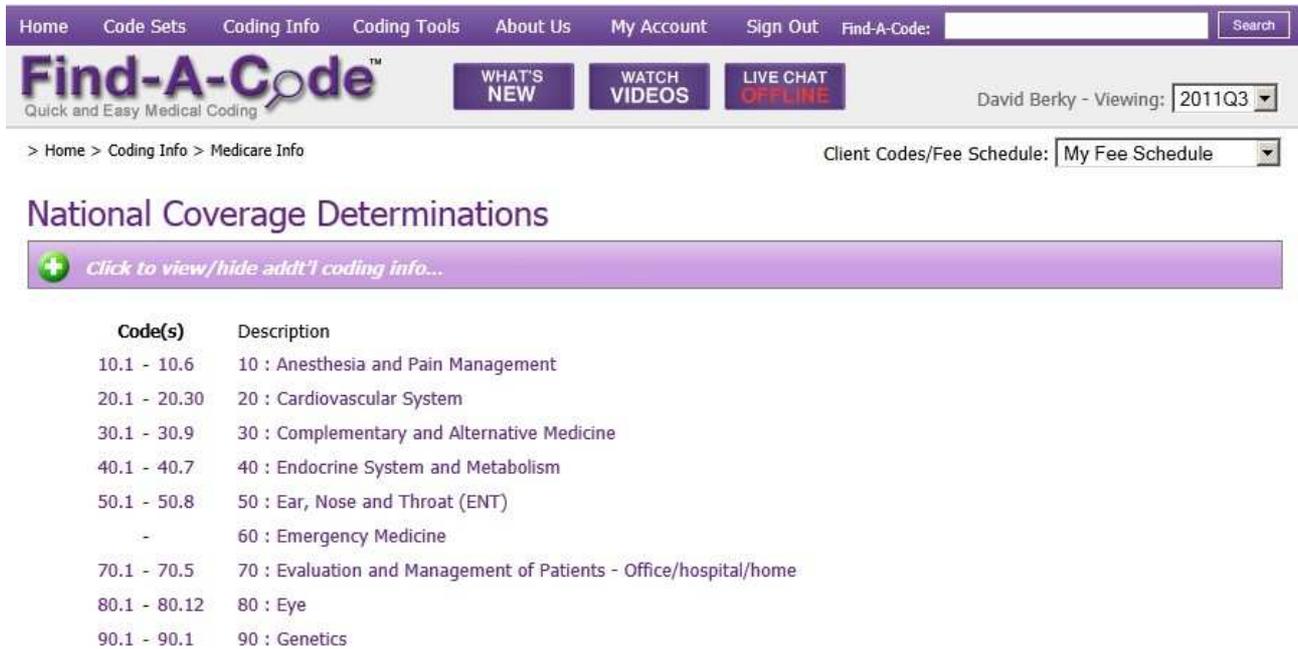
Click on a carrier to view information about that carrier:



The screenshot shows the Find-A-Code Medicare Contractor Detail page for Blue Cross and Blue Shield of Arkansas. The page title is "Medicare Contractor: Blue Cross and Blue Shield of Arkansas". Underneath is the "Contact Information" section with the carrier name and website. Below that is the "Contractor Type" section, which is "Carrier". The "Contractor Information" section lists the Contractor Number (00521), Business Name (Blue Cross and Blue Shield of Arkansas), Contractor Type (Carrier), Status (Approved), Consortium (Southern), Oversight Region (Region VI), and States (NM - New Mexico). At the bottom, there is a section for "Contractor Articles (521)" with a red minus icon. This section lists "Active Articles:" and "Retired Articles:" with a list of article numbers and titles: A254: Self Administered Drug Exclusions, A292: Ambulatory Blood Pressure Monitoring, and A319: Mental Health Services (Part A and B) Medicare Payments.

## NCDs

A full search-able database of the Medicare NCDs is also available through Find-A-Code:



Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

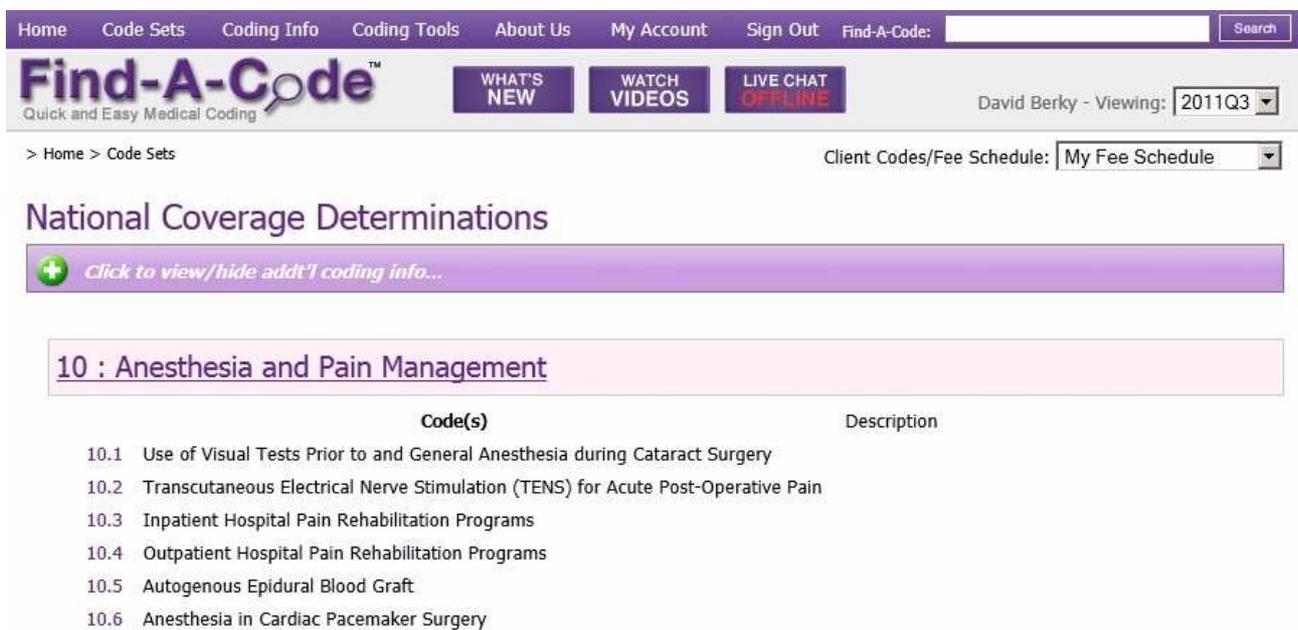
> Home > Coding Info > Medicare Info Client Codes/Fee Schedule: My Fee Schedule

### National Coverage Determinations

[Click to view/hide add'l coding info...](#)

Code(s)	Description
10.1 - 10.6	10 : Anesthesia and Pain Management
20.1 - 20.30	20 : Cardiovascular System
30.1 - 30.9	30 : Complementary and Alternative Medicine
40.1 - 40.7	40 : Endocrine System and Metabolism
50.1 - 50.8	50 : Ear, Nose and Throat (ENT)
-	60 : Emergency Medicine
70.1 - 70.5	70 : Evaluation and Management of Patients - Office/hospital/home
80.1 - 80.12	80 : Eye
90.1 - 90.1	90 : Genetics

Clicking on a section will list the specific NCDs in that section:



Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

> Home > Code Sets Client Codes/Fee Schedule: My Fee Schedule

### National Coverage Determinations

[Click to view/hide add'l coding info...](#)

#### 10 : Anesthesia and Pain Management

Code(s)	Description
10.1	Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery
10.2	Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain
10.3	Inpatient Hospital Pain Rehabilitation Programs
10.4	Outpatient Hospital Pain Rehabilitation Programs
10.5	Autogenous Epidural Blood Graft
10.6	Anesthesia in Cardiac Pacemaker Surgery

Clicking on a NCD number will show the NCD:

## 10.1 Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery

NCD - National Coverage Determination  
 Medicare Policies and Guidelines

[Edit Crosswalks](#)

 <b>Coverage Determination</b>	<b>Auto-open</b> 
 <b>Publication/Manual Information</b>	<b>Auto-open</b> 
 <b>Benefit Category &amp; Coverage Level</b>	<b>Auto-open</b> 
 <b>Cross-A-Code™ (CPT® &amp; ICD9)</b>	<b>Auto-open</b> 

The NCD page is comprised of pop-open sections which reveal the text of the NCD.

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT OFFLINE

David Berky - Viewing: 2011Q3

Home > Coding Info > Medicare Info > NCD Home Client Codes/Fee Schedule: My Fee Schedule

## 10.1 Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery

NCD - National Coverage Determination  
Medicare Policies and Guidelines

**Coverage Determination** Auto-open

Item/Service Description

Indications and Limitations of Coverage

A - Pre-Surgery Evaluations

Cataract surgery with an intraocular lens (IOL) implant is a high volume Medicare procedure. Along with the surgery, a substantial number of preoperative tests are available to the surgeon. In most cases, a comprehensive eye examination (ocular history and ocular examination) and a single scan to determine the appropriate pseudophakic power of the IOL are sufficient. In most cases involving a simple cataract, a diagnostic ultrasound A-scan is used. For patients with a dense cataract, an ultrasound B-scan may be used.

Accordingly, where the only diagnosis is cataract(s), Medicare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if

# Coding Tools

## Find-A-Code Search

Customers can enter a code number, partial number, keywords, or partial words into the search box. When the "Search" button is clicked a customer will be shown the search results page:

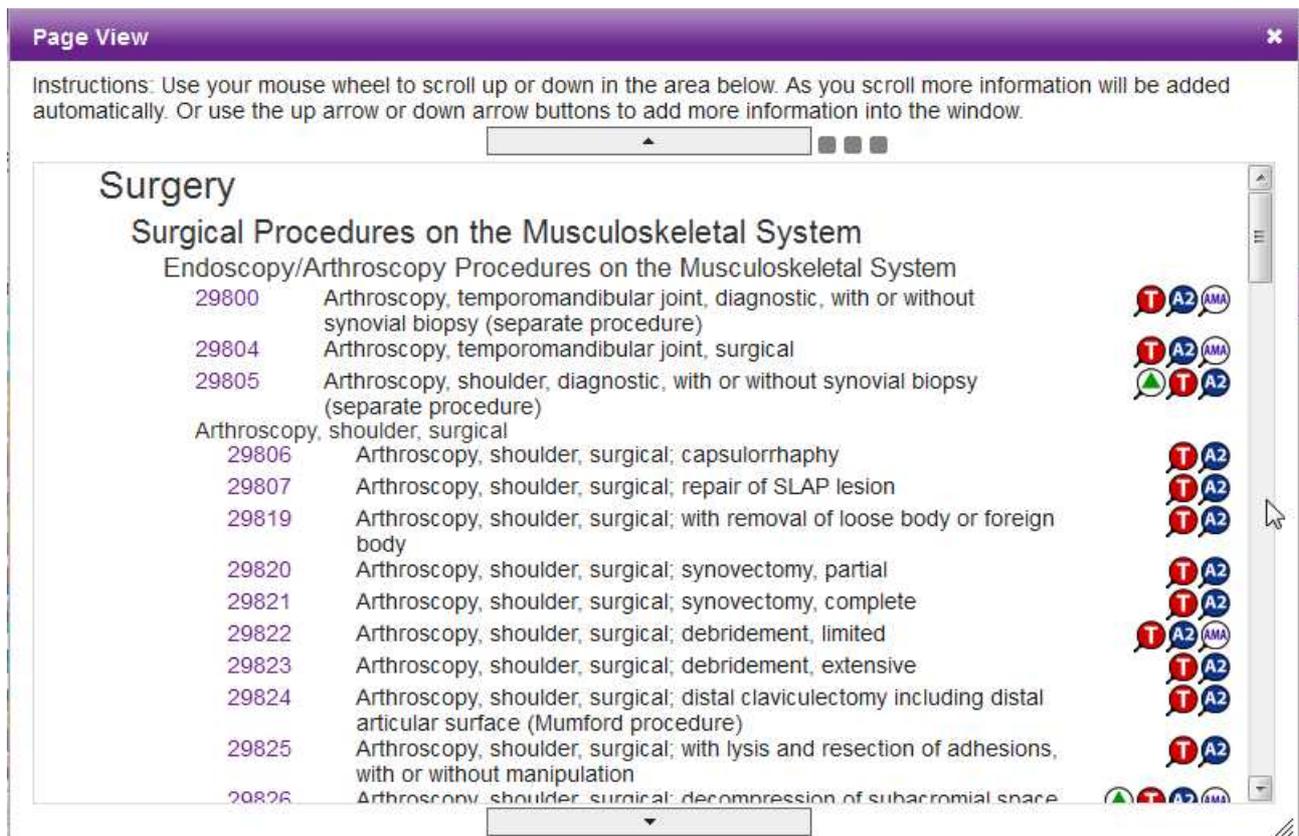
The screenshot displays the Find-A-Code search interface. At the top, there is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and Find-A-Code. A search box is located in the top right corner. Below the navigation bar, the Find-A-Code logo is prominently displayed, along with buttons for 'WHAT'S NEW', 'WATCH VIDEOS', and 'LIVE CHAT ONLINE'. The user's name, David Berky, and the current quarter, 2011Q3, are shown in the top right. Below the navigation bar, there is a breadcrumb trail: > Home > Coding Tools. A dropdown menu for 'Client Codes/Fee Schedule' is set to 'My Fee Schedule'. The main search area features a search box containing the word 'ankle' and a 'Search' button. Below the search box, there is a prompt: 'Enter a code or keywords from the code description, article, or document. How do I search?'. On the left side, there is a 'Show Search Results for:' section with various filters, including ICD-9-CM Vol 1,2, ICD-9-CM Vol 3, CPT, CPT Assistant, Modifiers (CPT/HCPCS), HCPCS, CDT "D" Codes, Hospital/Facility, ABC, Medicare Information, ICD-10-CM, ICD-10-PCS, Dictionary, and Notes & Keywords. A 'Switch to Expanded Search' button is located at the bottom of this section. The main search results area is titled 'Search Results' and displays a list of results for 'ankle'. The results are organized into a table with columns for code type, code number, and description. The results include HCPCS codes (L4350), CPT codes (29891, 29892, 29894, 29895, 29897, 29898, 29899), and ABC codes (CCBAU). Each result includes a brief description and a 'View' icon. At the bottom of the results, there is a 'View Mongo' link and a pagination control showing '1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 NEXT'.

**Search Results**

Code Type	Code	Description
HCPCS CHPT/SEC	Ankle ... ankle	
HCPCS CODE	L4350 - Ankle control orthosi prefab ... l4350 ankle control orthosi prefab ...	
CPT CODE	29891 - ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT ... 29891 ankle arthroscopy/surgery arthrs ankle ...	
CPT CODE	29892 - ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX ... 29892 ankle arthroscopy/surgery arthrs aid ...	
CPT CODE	29894 - ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY ... 29894 ankle arthroscopy/surgery arthroscopy ankle ...	
CPT CODE	29895 - ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL ... 29895 ankle arthroscopy/surgery arthroscopy ankle ...	
CPT CODE	29897 - ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED ... 29897 ankle arthroscopy/surgery arthroscopy ankle ...	
CPT CODE	29898 - ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE ... 29898 ankle arthroscopy/surgery arthroscopy ankle ...	
CPT CODE	29899 - ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS ... 29899 ankle arthroscopy/surgery arthroscopy ankle ...	
ABC CODE	CCBAU - Ankle device adjustment each adjustment ... ccbau ankle device adjustment each ...	

View Mongo  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 NEXT

The search results page shows the first ten results with links to additional set of ten results. The book-magnifying-glass icon opens a “Page View” window that shows the code’s placement within the context of the code set:

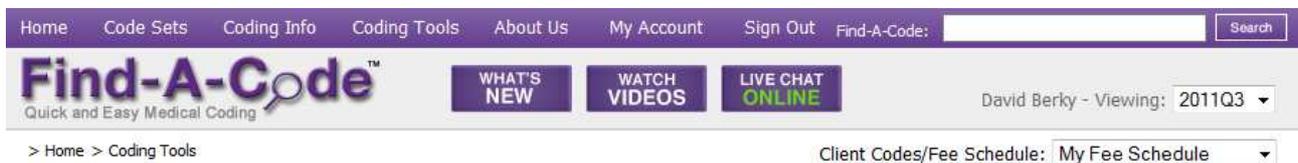


This Page View can also be used to navigate through the ICD-9-CM procedure code set by using the upper and lower arrow buttons. This Page View window is available from both the search results page and the code information page for all code sets.

For a more in depth look at how Find-A-Code Search works, please see Finding Codes in Find-A-Code.

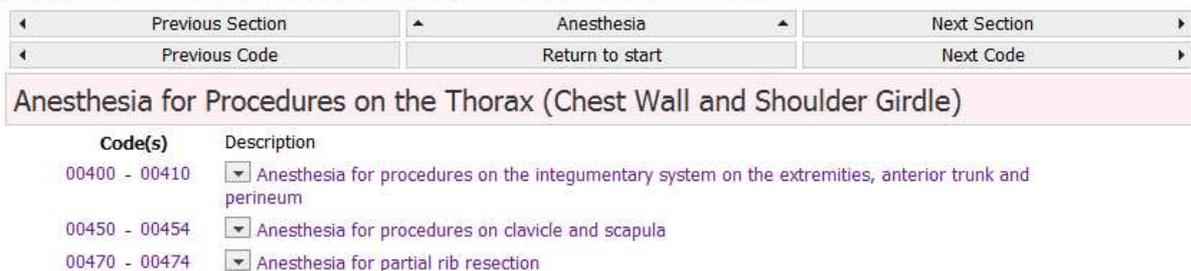
## Browse-A-Code

The Browse-A-Code tool lets you navigate through Find-A-Code like you would using a book. The Browse-A-Code tool looks like:



### Browse-A-Code™

Instructions: Use the arrow buttons to navigate down, over, and around the nearby code ranges.

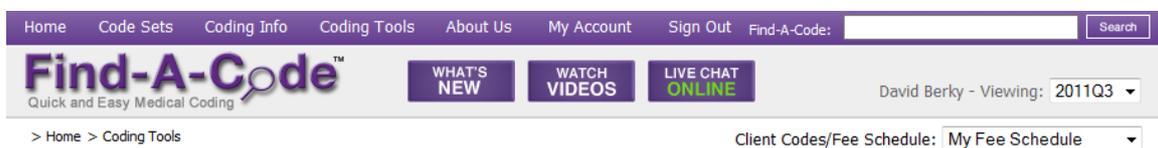


Code(s)	Description
00400 - 00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum
00450 - 00454	Anesthesia for procedures on clavicle and scapula
00470 - 00474	Anesthesia for partial rib resection

For a more in depth look at how Browse-A-Code works, please see Finding Codes in Find-A-Code.

## Click-A-Dex

Click-A-Dex is Find-A-Codes representation of the various book indexes that come with most code sets. A typical Click-A-Dex entry looks like:



### Click-A-Dex™ - Medical Code Indexes - Fast Index Searching

#### Select an Index:

- Diagnosis**
  - ICD-9-CM Index (vol 2)
  - ICD-9 E Codes Index
  - ICD-9 Drug Index
  - ICD-10-CM Index
- Procedure**
  - HCPCS Index
  - CPT® Index
  - ICD-9-CM Index (vol 3)

ank <- Enter Index Word(s)

- Ankle - see condition
- Ankyloblepharon (acquired) (eyelid) 374.46
- Ankylodactyl (see also Syndactylism) 755.10
- Ankyloglossia 750.0
- Ankylosis (fibrous) (osseous) 718.50
- Ankylostoma - see Ancylostoma
- Ankylostomiasis (intestinal) - see Ancylostomiasis
- Ankylourethria (see also Stricture, urethra) 598.9

#### Welcome to the Click-A-Dex™.

To begin, select the indices you would like to search, and type the word you want to look up in the box. Results will appear as you pause or stop typing.

Then, click on a linked index entry to expand that entry, or click on a code link to view information about the code.

Note: Do not code from this page. Find your code or code section and confirm its definition before coding.

For a more in depth look at how Click-A-Dex works, please see Finding Codes in Find-A-Code.

# Build-A-Code

Build-A-Code lets you “build a code” by guiding you through several choices until you arrive at the code you want. This process is especially helpful in the highly structured ICD-10-PCS code set, where each digit has a specific meaning. The Build-A-Code tool looks like:

The screenshot shows the Build-A-Code web application interface. At the top is a navigation bar with links for Home, Code Sets, Coding Info, Coding Tools, About Us, My Account, Sign Out, and a search box. Below the navigation bar is the Find-A-Code logo with the tagline "Quick and Easy Medical Coding". There are buttons for "WHAT'S NEW", "WATCH VIDEOS", and "LIVE CHAT ONLINE". The user is logged in as "David Berky" and is viewing the "2011Q3" data. The current client codes/fee schedule is set to "My Fee Schedule".

The main content area is titled "Build-A-Code™" and includes instructions: "Instructions: Easy as 1-2-3!". The instructions are: 1. Select a code set. 2. Select sections until the code is complete. 3. Add to your code list if you wish. There is a link "Tell me more!".

**1. Select a Code Set:**

Diagnosis:  ICD-9-CM  ICD-10-CM  
Procedure:  CPT®  HCPCS  ICD-9-V3  ICD-10-PCS  ABC  CDT®/Dental

Code: 2 W \_ Build Another Code

**2. Build your code using the selection boxes below:**

Section: 2 - Placement  
Anatomical Region: W - Anatomical Regions  
Root Operation: - choose a section --  
0 - Change  
1 - Compression  
2 - Dressing  
3 - Immobilization  
4 - Packing  
5 - Removal  
6 - Traction

Build Another Code

**3. Built codes appear in this list:** Clear List

For a more in depth look at how Build-A-Code works, please see Finding Codes in Find-A-Code.

# Cross-A-Code

Cross-A-Code is a tool specifically created for the ICD9/10 transition. It lets you enter a list of ICD-9 or ICD-10 codes and matches them up to their ICD-9/10 counterparts using the GEMs and Reimbursement mappings. The Cross-A-Code tool looks like:

Home Code Sets Coding Info Coding Tools About Us My Account Sign Out Find-A-Code:  Search

**Find-A-Code™**  
Quick and Easy Medical Coding

WHAT'S NEW WATCH VIDEOS LIVE CHAT ONLINE

David Berky - Viewing: 2011Q3

> Home > Coding Tools Client Codes/Fee Schedule: My Fee Schedule

## ICD-9/10 Cross-A-Code™

**Instructions:**

1. Select a code set to map from and to.
2. Enter codes into the text area in the middle, one on each line.
3. Click a button below to either show the mappings in a "List View" or "Full View" (which includes scenarios when applicable)

Select your ICD Code Map type:

- ICD-9-CM to ICD-10-CM
- ICD-9-V3 to ICD-10-PCS
- ICD-10-CM to ICD-9-CM
- ICD-10-PCS to ICD-9-V3

Enter ICD codes:

754.35

Enter codes in the text area and hit 'Submit'.

ICD-9-CM Example:

001.0  
754.35  
806.00

ICD-9-V3 Example:

00.01  
95.13  
21.21

ICD-10-CM Example:

A00.0  
Q65.02  
S12.000A

ICD-10-PCS Example:

6A750Z4  
B845ZZZ  
09JKXZZ

Show List GEMs

Show Full GEMs

ICD-9 Code	ICD-10 Equivalent Codes*
754.35 Cong hip disloc w sublux	<p>Q65.01 Congenital dislocation of right hip, unilateral</p> <p>Q65.02 Congenital dislocation of left hip, unilateral</p> <p>Q65.31 Congenital partial dislocation of right hip, unilateral</p> <p>Q65.32 Congenital partial dislocation of left hip, unilateral</p>

\* A one-to-one match does not exist between codes in ICD-9-CM and ICD-10-CM. Use this General Equivalence Map by CMS to find an ICD-10 code or code combination that is generally equivalent to an ICD-9 code. Look in the corresponding section of the ICD-10-CM Tabular List of Diseases and Injuries to determine whether that code, or another code in that section, is the best choice.

For a more in depth look at how Cross-A-Code works, please see Finding Codes in Find-A-Code.

# Scrub-A-Claim

Scrub-A-Claim is Find-A-Code's claim scrubber. You enter the information contained within a claim and it “scrubs” that claim, providing you with a list of any errors, omissions, or issues that it finds. The Scrub-A-Claim tool looks like:

Home
Code Sets
Coding Info
Coding Tools
About Us
Subscribe
Sign In
Find-A-Code: 
Search

Quick and Easy Medical Coding

FREE TRIAL & DEMOS
WATCH VIDEOS
LIVE CHAT ONLINE

Guest - Viewing: 2011Q3

Enter a Single Claim
Process an 837 File
View Scrubbed Claims
Comments & Feedback

### Claim Information (SAMPLE)

<b>Medicare:</b>	<input type="text" value="(select a Medicare carrier or enter a ZIP code below)"/>	
<b>or ZIP Code:</b>	<input type="text" value="84660"/>	<b>Diagnosis Codes:</b>
<b>Claim ID:</b>	<input type="text" value="123456"/>	1: <input type="text" value="573.1"/>
<b>Claim Date:</b>	<input type="text" value="01/01/2011"/>	2: <input type="text" value="812.0"/>
<b>Patient Gender:</b>	<input type="text" value="Male"/>	3: <input type="text" value="V70.0"/>
<b>Birth Date:</b>	<input type="text" value="01/01/2011"/>	4: <input type="text" value="V20.2"/>
<b>or Age:</b>	<input type="text" value="26"/>	5: <input type="text" value="628.9"/>
		6: <input type="text" value="266.2"/>
<input type="button" value="Add Diagnosis"/>		



### Claim Procedures

**Line 1** (These lines do not need to correspond with the line #s on your claim form.)

<b>POS:</b>	<input type="text" value="11-Office"/>		
<b>Procedure Code:</b>	<input type="text" value="J3420"/>	<b>Modifiers:</b>	<b>Diagnosis Codes:</b>
<b>From:</b>	<input type="text" value="01/01/2011"/>	1: <input type="text"/>	Primary: <input type="text" value="6: 266.2"/>
<b>To:</b>	<input type="text" value="01/01/2011"/>	2: <input type="text"/>	Secondary 1: <input type="text" value="None"/>
<b>Units/Days:</b>	<input type="text" value="1"/>	3: <input type="text"/>	Secondary 2: <input type="text" value="None"/>
		4: <input type="text"/>	Secondary 3: <input type="text" value="None"/>

**Line 2** (These lines do not need to correspond with the line #s on your claim form.)

(continued)

**Line 8** (These lines do not need to correspond with the line #s on your claim form.)

POS: 11-Office

Procedure Code:	90799	<b>Modifiers:</b>	<b>Diagnosis Codes:</b>	<b>Tools:</b>
From:	01/01/2011	1:	Primary: 1: 573.1	Copy as a New Line
To:	01/01/2011	2:	Secondary 1: None	Remove this Line
Units/Days:	1	3:	Secondary 2: None	
		4:	Secondary 3: None	

[Add a New Line](#) [Clear/Restart this Claim](#) [Scrub this Claim!](#)

**Results:** OK Info Warning Error

**Claim Level**

	Usage Validation	Diagnosis not typically reported for males, Code: 628.9
	Usage Validation	Diagnosis should be billed with additional diagnosis code, Code: 573.1, Additional Code: 0748;075;0785
	Code Validation	Diagnosis is truncated, Code: 812.0

**Line 1** (These lines do not need to correspond with the line #s on your claim form.)  
Date: 01/01/2011 POS: 11 Procedure: J3420 Diagnosis: 266.2 Units/Days: 1

	OK	No known issues detected for this Line.
	Medical Necessity	Valid medical necessity

**Line 2** (These lines do not need to correspond with the line #s on your claim form.)  
Date: 01/01/2011 POS: 11 Procedure: 20600 Diagnosis: 266.2 Units/Days: 1

	OK	No known issues detected for this Line.
--	----	---

# NCCI Edits Validator

The NCCI Edits Validator tool takes a list of CPT/HCPCS codes and validates them against the Medicare NCCI edits. The NCCI Edits Validator looks like:

Home Code Sets Coding Info Coding Tools About Us **Subscribe** **Sign In** Find-A-Code:

**Find-A-Code™** Quick and Easy Medical Coding **FREE TRIAL & DEMOS** **WATCH VIDEOS** **LIVE CHAT ONLINE** Guest - Viewing: 2011Q3

## NCCI Edits Validator™ – Non-Facility Edition

Enter Codes to Check:

```
99201
99202
36511
```

(The above box is disabled for the demo.)

### Instructions:

```
99201
99202
97001
99239
80500
36511
A4206
```

Please enter one code per line, no modifiers. Enter ALL the codes you will list on a claim form to check for NCCI Edits on each code pair.

This feature is available to subscribers.  
 Find-A-Code subscribers: [Sign In](#) to your account to see this information.  
 Or [Subscribe](#) to Find-A-Code today for instant access to all the coding information you need.

### Example Results:

<b>36511</b> <b>OK</b>		<b>RVU: 2.83</b>
<b>Description:</b> Therapeutic apheresis; for white blood cells		
<b>NCCI Edit Results:</b> No NCCI Edits for this code.		
<b>+ Cross-A-Code™ (ICD-9, CPT, HCPCS, Modifiers, ASA CROSSWALK®)</b>		
<b>99202</b> <b>WARNING</b>		<b>RVU: 1.44</b>
<b>Description:</b> Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.		
<b>NCCI Edit Results:</b> <span style="color: orange;">Component of 36511</span> - (Modifiers associated with the CCI ARE allowed with this code pair WHEN APPROPRIATE.)		