



Anatomy Mapping Cheat Sheet

For Inpatient Coders: Heart, Lungs, and GI Tract

Use this as a quick reference while reading op notes, imaging, and procedure reports. The goal is fast **mapping**, not memorizing every structure.

1. Fast mapping questions

For any anatomy phrase in the chart, ask:

1. **Where is it?**
 - Heart region, which lung and lobe, which GI segment.
 2. **What system level?**
 - Vessel vs organ; airway vs lung tissue; esophagus vs stomach vs bowel.
 3. **Does this support a specific code choice?**
 - PCS body part; CM diagnosis location; need for a query.
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2. Cardiovascular: coronaries and chambers

Coronary “zones” (for procedure notes)

Think in regions, not just acronyms:

- **LAD (left anterior descending)**
 - Runs down the front of the heart in the interventricular groove.
 - Phrases: proximal LAD, mid LAD, distal LAD, diagonal branches (D1, D2).
- **LCX (left circumflex)**
 - Wraps around the left side/back, gives off obtuse marginal (OM) branches.
 - Phrases: proximal LCX, OM1, OM2.
- **RCA (right coronary artery)**
 - Courses along the right side; supplies inferior wall in many patients.
 - Phrases: proximal RCA, mid RCA, distal RCA, PDA, PLV branches.

PCS mindset:

- Coronaries are counted by **number of sites** treated (one, two, three, four or more), not by vessel name.
- Example: “DES to mid LAD and distal RCA” → two coronary sites.



Chambers (for diagnosis notes)

- **Right atrium / ventricle:** venous inflow and flow to lungs.
- **Left atrium / ventricle:** pulmonary inflow and flow to body.

Use this to orient murmurs, valve disease, EF comments, and device placement.

3. Respiratory: lobes and levels

Lung lobes

- **Right lung (3 lobes):**
 - Right upper lobe (RUL)
 - Right middle lobe (RML)
 - Right lower lobe (RLL)
- **Left lung (2 lobes):**
 - Left upper lobe (LUL) – includes lingula
 - Left lower lobe (LLL)

Map these phrases:

- “RLL pneumonia” → right lower lobe (parenchyma, lower zone).
- “Mass in LUL” → left upper lobe (upper zone).

Airway vs lung tissue

- **Airway:** trachea → main bronchi → lobar bronchi → segmental bronchi.
- **Lung tissue:** alveoli / parenchyma (where pneumonia, mass, emphysema live).

PCS clues:

- Bronchoscopy, BAL, endobronchial biopsy → access via bronchial tree; some procedures code to lung as body part.
- Wedge resection / lobectomy → lung parenchyma (specific lobe).

Quick 3-step check:

1. Which lung (right/left)?
 2. Which lobe/segment (RUL, RML, RLL, LUL, LLL)?
 3. Airway, lung tissue, or pleura?
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4. GI tract: “exit signs” for coders



Think of GI as a labeled road:

1. **Upper GI:**
 - Esophagus → stomach → duodenum (1st–4th parts).
 - “EGD to third portion of duodenum” = upper GI scope via mouth.
2. **Small intestine:**
 - Duodenum → **jejunum** → **ileum**.
 - “Terminal ileum” = last part of ileum, just before cecum.
3. **Large intestine (colon):**
 - Cecum → ascending → hepatic flexure → transverse → splenic flexure → descending → **sigmoid** → rectum.

PCS / CM angles:

- “Small bowel resection” → not ideal; you want segment (duodenum vs jejunum vs ileum).
 - “Segmental resection of sigmoid colon” → supports sigmoid colon body part.
 - “Colon polyp removed” → ask: which segment (e.g., transverse, sigmoid)?
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5. Turning anatomy into action

When you see a phrase like:

- “DES to mid LAD”
- “RLL consolidation”
- “Resection of terminal ileum”

Do this immediately:

1. Say it out loud in plain language:
 - “Middle segment of the LAD on the front of the heart.”
 - “Right lower lobe of the lung.”
 - “Last part of the ileum before the colon.”
2. Picture it on a simple sketch in your head.
3. Ask:
 - Does this phrase give me enough detail for a precise PCS/CM code?
 - If not, what **exact anatomic detail** is missing for a compliant query?