

Home Health ICD-9/ICD-10 Alert

Coding 101: Get The Details You Need In Your ICD-9 Manual's Tabular List

Only the tabular list can tell you what's included and excluded.

If you think you can stop your search for the right diagnosis code once you locate a match in the alphabetic index, you're seriously shortchanging your coding accuracy.

Check the code in the tabular list (also known as the numeric index) to make sure you're including all the vital details.

Always start your search in the alphabetic index (Volume 2), says **Carol Spencer, RHIA**, manager of professional practice resource with the **American Health Information Management Association (AHIMA)** in Chicago. Here, you'll look up the diagnosis or condition you want to code or the factors influencing your patient's health status or contact with health services.

But after you find a code in the alphabetic index, you must validate it in the tabular (Volume 1), Spencer says. The alphabetic index may not include all of the information you need to make an accurate code selection.

Example: You have a patient who has had a total hip replacement. You look in the alphabetic index under "aftercare" and find a code for aftercare following joint replacement surgery (V54.81). When you look this code up in the tabular list, you will be advised: "Use additional code to identify the joint replacement site (V43.60-V43.69)".

To code aftercare following a hip replacement appropriately, you need to report V54.81 (Aftercare following joint replacement) immediately followed by V43.64 (Organ or tissue replaced by other means; joint; hip). If you don't include V43.64, there is no indication of which joint was replaced.

Do this: Think of yourself as a sleuth -- putting a puzzle together as you search for the right code, says Spencer. Locate your target term in the alphabetic index, then take your search to the tabular list to make sure that you narrow in on the most appropriate code.

If you don't get the most appropriate code the first time, go back to the index and try another approach until you find the code that most precisely describes the condition.

Get Ready Before You Get Started Coding

Don't even crack your code book unless you've done the following three things, says **Margaret W. Rush, RHIA, HCS-D**, OASIS and coding coordinator for **Alacare Home Health & Hospice** in Birmingham, Alabama.

- Make sure you have the most up-to-date manual. New ICD-9 codes become effective on October 1 of every year.
- Begin the process of assigning ICD-9 diagnosis codes by reviewing the diagnostic statements and choosing the conditions you will code.

- Decide on the primary diagnosis or the first coded condition by determining the severity of each diagnosis. The primary diagnosis is the condition that is the most severe or that one which is the main reason for home health visits.

Get All The Details With The Tabular List

Follow this sample coding scenario to see how verifying your code choice in the tabular list helps increase your accuracy.

Coding Scenario: Your patient has an ulcer of the ankle due to atherosclerosis with a severity rate of 4, essential hypertension with a severity rate of 3 and senile macular degeneration with a severity rate of 2.

The nurse visits three times a week for wound care, performs blood pressure checks every visit, provides teaching on disease process, prefills the medication box and monitors for medication reaction.

1. Identify the main care focus. Because the ulcer is the main focus of care, you begin your search in the alphabetic index under "Ulcer, ulceration," says **Margaret W. Rush, RHIA, HCS-D**, OASIS and coding coordinator for **Alacare Home Health & Hospice** in Birmingham, Alabama. Here, you locate the sub-term "Arteriosclerotic plaque" and see the note "see Arteriosclerosis, by site."

2. Follow the alphabetic index notes. So, you turn to "Arteriosclerosis, arteriosclerotic" and look for the site location under the sub-term "extremities (native artery) NEC." You find code 440.20, and proceed to Volume 2, the tabular list to verify the code.

3. Start at the category level in the tabular list. At the category level, you'll see the description for 440 (Atherosclerosis). Look down to locate the subcategory "Of native arteries of the extremities" and find code 440.2. Here, your manual instructs you that the code must include five digits to be considered complete, so you look through the list of five-digit codes to find 440.23 (Atherosclerosis of the extremities with ulceration).

4. Read the notes. Notes next to this code indicate that it includes any condition classifiable to 440.21 and 440.22 and advise you to "Use additional code for any associated ulceration (707.10-707.9)."

5. Add additional codes as indicated. So, you move on to category 707 (Chronic ulcer of skin). Starting at the category level, notes advise you that this code includes non-infected sinus of skin and non-healing ulcer.

You locate sub-category 707.1 (Ulcer of lower limbs, except decubitus) which advises you to "code, if applicable, any causal condition first," and references atherosclerosis of the extremities with ulceration (440.23) as one possible cause. You also find that this code requires five digits, so you select 707.13 (Ulcer of ankle).

The instruction to "code any causal condition first" means that the cause of the ulcer must be coded first followed by the condition (ulcer) code, Rush notes.

Continue the process of coding the remaining diagnoses to provide all relevant codes as follows, Rush says:

- M0230a: 440.23 (Arteriosclerosis of extremities with ulceration);
- M0240b: 707.13 (Ulcer of ankle);
- M0240c: 401.9 (Essential hypertension; unspecified); and
- M0240d: 362.50 (Macular degeneration [senile], unspecified).

