

Home Health ICD-9/ICD-10 Alert

Coding 101: Use 'Excludes' Notes To Guide You To The Right Code

Don't just skim over those little black boxes in your coding manual.

Accurate coding saves you time and money - and attention to detail is key. But many home health coders are missing details listed in the ICD-9 manual that could make the difference between choosing the correct code and missing the mark entirely.

Every coder must understand two basic relational terms: "excludes" and "includes." These terms pop up again and again throughout the tabular list in your ICD-9 coding manual.

The tabular list (Volume 1) divides the codes from 001 to 999.9 into various diseases and body systems, and includes V codes and E codes as well. You will see the "includes" and "excludes" terms as you look through the codes for the system specific to your patient's diagnosis, explained coding expert **JoAnn Baker** in an Aug. 10 **Coding Institute** and **Eli Research** teleconference, "Coding for the Non-Coder."

Tip: You must refer back to the beginning of the chapter, section, subsection or category to find these terms, because excludes and includes notes are not repeated, says Baker, an education specialist with the **Department of Veteran's Affairs** in East Orange, NJ.

"'Includes' further defines and provides examples that may apply to the chapter, section or category you are exploring," Baker says. The "includes" note appears immediately under a three-digit code title, official coding guidelines decree.

Example: If you are looking at 410 (Acute myocardial infarction) in the tabular list in your code book, you will see: Includes - cardiac infarction; coronary (artery): embolism, occlusion, rupture, thrombosis; infarction of heart, myocardium or ventricle; rupture of heart, myocardium or ventricle; and any condition classifiable to 414.1-414.9 specified as acute or with a stated duration of eight weeks or less.

"Excludes," on the other hand, basically means "code this condition elsewhere," Baker says. In some books, the "excludes" note will appear in a black box with white letters. The terms listed to the right of the note will tell you where to look for the codes for the excluded diagnoses, Baker explains.

Example: If you go to section 480-487 (Pneumonia and Influenza) in the tabular list, you will see: Excludes - pneumonia: allergic or eosinophilic (518.3); aspiration: NOS (507.0), newborn (770.1), solids and liquids (507.0-507.8); congenital (770.0); lipoid (507.1); passive (514); and rheumatic (390).

More Details You Don't Want To Miss

Sometimes you must use more than one code to fully identify a condition or disease. Your coding manual alerts you to these situations by stating "code also" or "use additional code for," Baker instructs.

Example: If you look up 290.4 (Arteriosclerotic dementia) and read the description beneath the heading, you find you need to use an additional code to identify cerebral atherosclerosis (437.0).

At other times you should use a single code to classify two diagnoses or a diagnosis and a related manifestation, Baker says. You'll usually find this combination code as a sub-term under the main term in the index, she adds.

Example: If you look at diabetes in your coding manual, you will see many examples of these combination codes, such as 250.4 (Diabetes with renal manifestations) or 250.7 (Diabetes with peripheral circulatory disorders).

What to do: If a single combination code identifies the diagnostic conditions involved, you should not use multiple codes for the separate components, coding guidelines instruct. But if the combination code does not fully describe the condition or there are manifestations not covered in the combination code, you can use multiple codes, Baker says.