

## Home Health ICD-9/ICD-10 Alert

### CODING 101: WHY CODING DIRECTLY FROM THE ALPHABETIC INDEX ISN'T A GOOD IDEA

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

Once you find your code in the alphabetic index, don't be tempted to close your coding manual or you could be making a big mistake. You'll be a faster coder, but you will also be wrong 25 percent of the time. Always check the code in the tabular list or numeric index to see how detailed you need to be.

The alphabetic index will not provide you with all of the information you need to code a diagnosis appropriately, says **Melinda Gaboury** with **Healthcare Provider Solutions** in Nashville, TN.

**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, explains Gaboury.

**Do this:** Think of the term you locate in the alphabetic index as your target, "then take your target to the tabular list to make sure that you narrow in on the most appropriate code," says **Lynda Dilts-Benson, RN, CCM, CRRN, CRNAC, LHRM**, a consultant with Reingruber & Company in St. Petersburg, FL. 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, she says.

#### Get the Details in the Tabular List

Without the tabular list, you would be missing out on the vital details that help you to code with the greatest accuracy. If you choose your code directly from the alphabetic index, you'll be overlooking this information

**Additional required digits.** Fourth and fifth digits allow you to be more specific in describing your patient's condition. If you omit them when they are required, you will risk payment delays or denials. The tabular list details the additional digits that you may select from and offers guidelines for correct selection.

**Includes and excludes notes.** Without referring to the tabular list, you may not be aware that you are using a code that excludes your patient's condition.

**Example:** Your patient has acute bronchitis and COPD. You look up bronchitis in the alphabetic index and find "bronchitis, acute or subacute, 466.0." If you don't look in the tabular list, you won't see the "EXCLUDES acute bronchitis with chronic obstructive pulmonary disease" notation, which points to the correct code for this patient: 491.22, (Obstructive chronic bronchitis, with acute bronchitis).

**Additional codes required.** These notes remind you that you must include another code to make your coding complete.

**Example:** Code 250.4x (Diabetes with renal manifestations) requires an additional code to identify the manifestation, such as 581.81 (Nephrosis). This instruction is only found in the tabular list.

