OASIS Alert

Diagnosis Coding: CONSULT TABULAR AND ALPHABETIC INDEX TO PREVENT PAYMENT DENIALS

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

When you code directly from the alphabetic index, you'll be wrong 25 percent of the time.

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.

You're probably used to going to a book's alphabetic index to find the page you need, but that doesn't work with diagnosis coding. You must also check the code in the tabular list or numeric index to see how detailed you need to be in your coding.

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 an 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.

Best bet: Locate the term you need in the alphabetic index. Then check it in the tabular index to be sure it's the best choice. If not, go back to the alphabetic index to look for a more precise term. Once you have the correct term, the tabular index will give you information on additional digits required, includes and excludes notes and additional required codes, says coding consultant **Sparkle Sparks** with Redmond, WA-based **OASIS Answers**.