

Suppose you were helping a new office file clerk who was curious about the coding process. How would you explain appropriate use and purposes of the Alphabetic Index and Tabular List to the file clerk? What problems might occur if proper coding procedures are not used? Provide examples of problems and propose solutions. **Due day 2 in the Main Forum.**

Week # 4 Discussion Question 1

The International Classification of Diseases, ninth edition, Clinical Modification (ICD-9-CM), is a list of codes that are three-digit that are used to classify morbidity data, and describe conditions and illnesses of a patient. The ICD-9-CM has three sections. First section is the Tabular List- Volume 1 (Diseases and Injuries). The organization of the tabular list is by etiology and body system. The tabular list contains categories, subcategories, and subclassifications. The tabular list has 17 Chapters under classification of disease and injuries, Supplementary classifications which include V-codes which identify encounters for reasons other than illness or injury, and E-codes which identify external causes of injuries and poisoning, and Appendixes (A- Morphology of Neoplasm's),(B- Glossary of Mental Disorders),(C- Classification of Drugs),(D- Classification of Industrial Accidents According to Agency),(E- List of three digit categories). Second section is the Alphabetic Index- Volume 2 which is organized by condition. The alphabetical index contains main terms, subterms, and supplementary terms, turnover lines, cross-references, notes, the not elsewhere classified (NEC) abbreviation, multiple codes and connecting words. The third section is procedures which has a tabular list and alphabetic index – Volume 3. This section covers the procedures done in the hospital by physicians and other practitioners. A problem that can occur if proper coding procedures might not be used would be, if someone was coding a particular disease and they only used the alphabetical index to code. Although the doctor documented the disease in the medical record and was very specific such as; example- **Ventral hernia with gangrene (incisional)**, the coder only coded 551.2, but forgot to check the tabular list which indicated a fifth digit 551.21. A good solution is always check the tabular list, after finding the code in the alphabetic index to check for fifth digits, notes, exclusions.

Reference:

Valerius, J., Bayes, N.L., Newby, C., Seggern, J., (2008). Part II Claim coding. *Medical Insurance An Integrated Claims Process Approach* (3rd ed.). New York, NY: McGraw-Hill

Response 2

The Alphabetic Index contains all the medical terms that are in the Tabular List classifications. On behalf of some circumstances, it contains a directory of frequently used terms that are not found in the Tabular List. Each main term Alphabetic Index is printed in boldface type followed by its code number. Underneath the main term are sub-terms with their codes. Sub-terms are important in selecting the correct codes. The Sub-terms show the etiology of the disease. The cause of the disease, origin or it can describe a certain body site for the main term. (Bayes, Newby, and Valerius, 2008).

The Alphabetic Index has been prearranged by the medical condition, and not by the parts of the body in which the condition may occur. For example;

The term ankle fracture; is located by looking under fracture which is the medical condition. Then below fracture locate, Ankle which is the location of the condition, rather than under ankle to find fracture. (Bayes, Newby, and Valerius, 2008).

When a patient receives medical care or treatment for a condition, a medical term describing the condition is located in the physician's diagnostic statement. The diagnostic statement consists of the primary reason for the patient's visit with the doctor. Diagnostic statement may also give descriptions of any other conditions or symptoms that were treated or related to the patient's current illness. (Bayes, Newby, and Valerius, 2008).

Reference:

Bayes, ., Newby, ., & Valerius, . (2008). *An Integrated Claims Process Approach*. Retrieved March, 19, 2010 from <https://ecampus.phoenix.edu/classroom/ic/classroom.aspx>

- What is the main distinction between V and E codes? How are they similar or different? What are your suggestions to streamline the V and E coding process? Explain your answers. **Due day 4 in the Main Forum.**

V Codes are used to show medical necessity Codes classify medical encounters by patients for different reasons other than diseases, illness, or injury; and are used for patients that are healthy, who may be receiving routine services. The V Codes are used for encounters such as a childbirth that has no complications, yearly checkups, and immunizations. For example; for an immunization for measles – mumps the V06.4 Prophylactic vaccination/inoculation against measles-mumps-rubella would be used. V codes can be used as a primary code for an encounter or as an additional code. V codes are researched using the Alphabetic Index just as other codes. E codes are used to classify the injuries of an individual that is the result of various environmental events, such as vehicle accidents, accidental poisoning by drugs or other substances, falls, and fires. E codes are not used alone. IR codes supplements a code that identifies the injury or condition. E codes are located using Section 3 of the Alphabetic Index; E codes are often used in collecting public health information which is extremely important in medical practices. (Valerius et al., 2006)

The Gatchel (2009) website states that the coding process can be streamlined by using particular diagnosis codes that are associated with late effects, accidents, fractures aftercare or broken bones,

References:

Gatchel, T. A. (2009). *Orthopedic Coding Expert Teri Gatchel Discusses 4 Coding Challenges*. ACS communications. Retrieved April 8, 2010 from <http://www.beckersorthopedicandspine.com/news-a-analysis/business-a-financial/351-orthopedic-coding-expert-teri-gatchel-discusses-4-coding-challenges->

Valerius, J., Bayes, N.L., Newby, C., Seggern, J., (2008). Part II Claim coding. *Medical Insurance An Integrated Claims Process Approach* (3rd ed.). New York, NY: McGraw-Hill

Response 2

Week # 4 Discussion Question 2

V codes and E codes are supplementary classifications that are located at the end of the Tabular List. The V codes and E codes are alphanumeric which contain the letter and are followed by numbers. V codes can be used as a primary code or an additional code. E codes