

Week 5 Critical Thinking- (Chapters 13 and 14)

1. Can you name three purposes of the most current diagnostic coding system?

It is very important to know the most current diagnostic coding system because it can be updated every year and you need to be sure that when you are entering a code it is the correct code and it is the same code that everyone uses. These codes need to be correct because they are what give insurance companies the ability to pay for procedures that are a medical necessity, if the codes are not correct then they may not be able to pay for the procedures. Also more specific codes may be added so you would need to be aware of any updates.

2. Why would you use the Tabular Index when you have already used the Alphabetic Index and found a code?

After using the alphabetical index to find a code you should always make sure to check the tabular index to be sure that you are using the most specific code. Looking in the alphabetical index may only give you the basic code, but when you check the tabular index you will see if there may be a more specific code that could be used which is important for the insurance company to receive to determine the medical necessity.

3. Phil was seen for lower back pain. The doctor listed kidney infection as the diagnosis. Why wouldn't he or she use lower back pain as the diagnosis?

The diagnostic code used should be for kidney infection and not for lower back pain because back pain would be a symptom of the kidney infection and not a diagnosis itself. If you were unable to find a cause for lower back pain then you could use a diagnosis code for lower back pain.

4. Mrs. Martin was seen by the physician because she was having trouble with her blood glucose levels. The doctor listed the diagnosis as diabetes. What information is necessary to locate the proper code?

To locate the proper code for her diagnosis you would need to know what type of diabetes the patient has and if there were any other special factors in the diagnoses, so you can use the most specific code.

5. With the CPT codes changing each year, why is it so important that the medical office obtain a new code book each year? What are the dangers of not obtaining this book? Why should coding books for the two previous years be kept?

It is important for medical offices to have the most recent code books as soon as they are released because codes can change and new codes can be added every year. You need to be able to give insurance companies the most specific information so you will need to have the most recent codes. If you do not obtain the most recent book then you may give the insurance companies wrong codes or there may be more specific codes for certain diagnoses, if wrong codes are given then a procedure that could have been covered may not get approved. I think that keeping old coding books may be more troubling than helpful because someone may accidentally use that book and confuse it for the most recent, which may give them a wrong code. The only reason I would think that it would be helpful to keep old books is to have for practice in learning how to find codes.

6. What steps should the medical assistant follow for abstracting procedural data from clinical documentation?

7. What is the connection between accurate documentation and complete coding as it relates to the reimbursement process?

