

Diagnosis Coding Part 2: Optimized Code Selection

ICD9 codes are the only means available for conveying to payers information about the severity of a patient's medical condition. When care and treatment of a new problem are complicated by coexisting conditions, chronic disease, or other factors that lead to extra physician work or more complex medical decision making, these elements should be documented and corresponding ICD9 codes assigned on the claim. Appropriate code selection is crucial for supporting the medical necessity of services provided. Distinct documentation can also assist in choosing the appropriate level of E/M for the visit.

Choose and Sequence Codes Correctly

- First, list the diagnosis or condition that describes the reason for the patient's visit or other service.
- Next, list up to three additional codes for any documented coexisting conditions that require or affect patient care or treatment at the current encounter.

Use "combination codes" when appropriate. A "combination code" is a single ICD9 code that is used to classify two diagnoses or a single diagnosis with an associated manifestation or complication. For example, diabetes with ketoacidosis would be correctly reported with a **single** code: 250.12.

If your working diagnosis is "rule out," "probable," or "suspected," coding staff should be instructed to code signs, symptoms, or complaints—never a disease or condition that has not yet been established

Use additional codes

- to describe signs or symptoms not routinely associated with a disease process;
- to provide supplemental information that impacts diagnosis or management (eg, 278.01 Morbid obesity; V58.61 Long term current use of anticoagulants).

Do not code conditions that were previously treated but no longer exist. However, when personal/family history of a disease or condition impacts current care, this is reported using codes V10-V19.

TIP

Avoid "Unspecified" codes—usually those ending in a "9" (e.g., 401.9 Hypertension, unspecified)

—when a more precise code is available. Some payers will deny claims with these codes after one or two visits. The overuse of these codes is a shortcut that can result in your being shortchanged.

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