

Internal Medicine Coding Alert

Don't Lose Focus Coding Diabetes-Related Visits

A diagnosis of diabetes affects coding for services ranging from preventive-care visits to treating the flu and if you're not on top of your diabetes coding game, it could also affect your bottom line.

Don't choke trying to code these three common encounters with patients with diabetes.

1. Regular appointments to manage the diabetes and monitor the effectiveness of treatment. These visits are considered routine and should not be mistaken for preventive services. Report the appropriate office visit code, such as 99213 (Office or other outpatient visit for the evaluation and management of an established patient), for a 22-year-old diabetic who presents for a routine checkup, not a preventive medicine services code like 99395 (18-39 years).

2. Problem-focused care of the diabetes provided during a bona fide preventive visit. For example, if a 60-year-old woman is seen for her annual checkup and, during the course of the visit, the physician also evaluates her diabetes, both the preventive service and the appropriate problem-focused E/M service should be reported. You need to append modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M service to indicate that it was separate from the preventive service rendered at the same patient encounter.

3. Problem-focused office visits that may be complicated by the diabetes. When diabetics present with symptoms of other illnesses, e.g., a sore throat, the internist will need to spend extra time assessing how the two conditions, the sore throat and the diabetes, relate. This extra time often includes additional consideration during the history and physician exam components of the E/M service as well as adding complexity to the medical decision-making component. The result: A higher level of E/M service may need to be reported.