

Internal Medicine Coding Alert

Reader Question: See Beyond Obesity for Primary Diagnosis

Question: Some of our insurers refuse to pay for obesity as a primary or secondary diagnosis. The chart notes usually begin by discussing the patient's obesity problem and then move to information about fatigue, insomnia, or other symptoms. Am I bound to use obesity as a primary diagnosis (or even at all) if that carrier doesn't pay for it?

Michigan Subscriber

Answer: Your "primary" diagnosis should be tied to the reason for the visit, not just the first diagnosis mentioned in the chart notes. For example, if the patient presents with knee pain (719.46) or fatigue (780.79) to which the obesity contributes, then you would report the knee pain or fatigue as the primary diagnosis and submit the appropriate obesity diagnosis (278.0x) as secondary, even if it is mentioned first in the chart notes.

Additions: Also include the applicable diagnosis code for the patient's Body Mass Index score (V85.0-V85.54). Other diagnoses such as V65.3 (Dietary surveillance and counseling) might also apply to the visit.

In any case, be cautious about allowing payer policy to dictate how you code. Proper coding is about much more than just getting paid; it has medico-legal and patient care consequences, which must also be considered.