

## Internal Medicine Coding Alert

### Reader Question: Switching Order of Diagnoses on Claim Can Be OK

**Question:** Our physician documented gingivitis as a contributing factor in a patient's diabetes care, and it got billed to Medicare as the primary diagnosis (the gingivitis isn't her primary diagnosis, but it's the first one listed in her chart). The visit was denied because Medicare doesn't cover dental. How can I resubmit the claim to show the visit really was because of her diabetes and hypertension without it looking like I'm changing the diagnosis to get paid?

New York Subscriber

**Answer:** Resubmit the claim with the diabetes diagnosis listed first (250.xx, Diabetes mellitus), followed by the appropriate hypertension code (such as 401.x, Essential hypertension). List gingivitis (523.xx) as the final diagnosis. Include a copy of the dictation to show that the diabetes was the primary reason for the patient's visit.

**Reasoning:** When you prepare a claim, it doesn't really matter what order diagnoses are listed in the patient's chart. Consider the documentation throughout the entire chart or encounter note, then list them on the claim in order of relevance.