# Optometry Coding & Billing Alert

## Coding Corner: Reduce Denials With More Definitive Diagnosis Coding

**Use these 5 strategies to boost your reimbursement**

**Important:** Don't jump the gun on billing diagnostic tests and procedures. Experts now suggest that you may need to adjust your timing if you have denials based on diagnosis coding.

Coding to the highest degree of specificity is what Medicare is after, says **Curtis J. Udell, CPAR, CPC, CMPA**, senior adviser with Health Care Advisors Inc. in
Annandale, Va.

The coding convention has always been to code signs or symptoms if no definitive diagnosis is reached by the end of a visit.

However, you can avoid denials and save yourself the trouble of filing appeals by waiting to bill your claims until after diagnostic test results come in and you have a definitive diagnosis to code.

Improve your diagnosis coding success with these recommendations from Udell:

**1. Slow down your billing.** If possible, wait to send claims until you have the results of any diagnostic tests or procedures that might provide you with a definitive diagnosis to code. Many electronic filing software programs have a "hold" feature that will allow you to fill out a claim on the date of service but place it on hold until you can complete it with a definitive diagnosis.

**2. Streamline your data capture process** so lab or other test results come back and get entered promptly into the charts to facilitate billing.

**3. Don't jump to conclusions.** Never assume a definitive diagnosis from the signs and symptoms in a chart before test results have come back.

**4. Pay attention to fourth and fifth digits** to choose the most specific diagnosis code.

**5. Bill for signs and symptoms if test results don't yield a diagnosis.** A third-party payer will have to be satisfied without a definitive diagnosis code in this situation.

There are legitimate symptoms codes that you have to choose from occasionally, such as headaches (784.0), subjective visual disturbances (368.10-368.16), eye pain (379.91), and visual field defects (368.40-368.47). Code these as specifically as possible for audit protection.