

## Part B Insider (Multispecialty) Coding Alert

### Diagnosis Coding: Adjust Your Codes Easily When Diagnosis Changes During A Patient's Hospital Stay

**Educate your physician to keep you in the loop on patients' development.**

Just because a patient enters the hospital with one diagnosis doesn't mean she'll have that diagnosis for her entire stay. And if you bill for your physician's hospital visits with an out-of-date diagnosis, you could lose money or face fraud charges.

The problem: Diagnoses can change in the hospital due to various reasons, including the following, among others:

- The physician may **narrow down the patient's problem**. For example, a patient may be admitted with chest pain, and the doctor may rule out myocardial infarction and decide the problem is actually gastrointestinal in nature.
- The patient may develop other problems. The patient may be admitted for dehydration problems but may start having chest pains.
- The **patient may experience complications** that lead their original complaint to worsen significantly.

You can't wait for the hospital to send you medical records and hope to bill in a timely fashion. You could be waiting six weeks **after** the patient gets out of the hospital for any records. So it's up to your physician to let you know if a patient's diagnosis has changed.

Do this: Educate your physicians, and let them know that just because the patient has been admitted with a particular diagnosis doesn't mean they should bill for that diagnosis for each visit.

To help your physician track his hospital visits, you might consider giving each physician a simple form to record these evaluations. The physician could put a sticker with the patient's hospital identifier on the form and then write the date of each visit, the level of service and the diagnosis. Each sheet will have room for 10 or 12 patient visits.

#### Diagnosis Tracking Is In the Cards

Another approach is to give your doctor a bunch of index cards that fit in the pockets of a lab coat. The physician uses one card for each patient and notes each visit to the patient for a given week. At the end of the week, the physician turns in each card. The cards have a space at the bottom for the patient's diagnoses, which the physician should date.

If your physician doesn't admit the patient to the hospital, then chances are the diagnosis he treats won't be the admitting diagnosis anyway.

For example: Your doctor performed gall-bladder surgery on the patient two months ago. Your doctor wouldn't know the patient was admitted for pneumonia, unless the admitting doctor called the surgeon in to check on the surgery. So your surgeon would bill under the post-operative gall bladder diagnosis, not pneumonia.

Watch out: If you're not billing with the most up-to-date diagnosis, you may not be able to justify a higher level of service. The patient may have been admitted with a simple problem and then developed complications, so a subsequent visit could have more complex medical decision-making. But you won't be able to justify a higher level code unless you know all the diagnoses.