

Part B Insider (Multispecialty) Coding Alert

ICD-9 CODING QUIZ: Can You List All Applicable Diagnoses -- in the Right Order?

Do you know which ICD-9 code you should list first? Take our quiz to find out.

Your patient may present with four or five symptoms or underlying conditions, but if you don't know how to rank them on your claims, you could be risking denials.

Plus: Relying on a computer system to rank diagnoses could mean your claims don't represent medical necessary services. To fix the problem, ICD-9 coding conventions advise you to "list first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided."

You should first code the main or most serious diagnosis, which will either be the primary reason for the encounter or the condition with the highest risk of morbidity/mortality that the physician is addressing at the encounter.

Best practice: The doctor can help solve the coding dilemma by indicating the primary diagnosis. But if she doesn't, the coder should be able to extract the information from the chart.

Take the following quiz to determine whether you can sequence a patient's diagnoses properly:

Question 1: A patient presents to your office because of fever (780.60) and ear pain (388.70), and the doctor finds acute suppurative otitis media (382.00). Which diagnoses should you report, and in which order?

Question 2: A patient complains of chronic pain in her left leg (729.5) and her hip joint (719.45). After an exam, the doctor suspects sciatica (724.3), but because the patient also has a family history of arthritis (V17.7) the physician calls for further testing. In which order should you list these diagnoses?

Question 3: A patient with multiple sclerosis (340) presents with severe pain in her cervical spinal area (723.1) and moderate pain in her low back (724.2) following a car crash in which she was the driver (E812.0). Should you list the multiple sclerosis diagnosis or the injury-related codes first?

Question 4: A patient presents with stomach pain (536.8) from a previously diagnosed chronic bleeding ulcer (531.4x) and has underlying GERD (530.81). The practice simply reports 536.8 for the stomach pain as the reason for the visit, with no additional diagnoses listed. The MAC pays the claim, so the practice continues to list stomach pain for any subsequent visits with the patient. Is this correct coding?

Once you answer, turn to page 44 to see how you fared.