Part B Insider (Multispecialty) Coding Alert

Reader Question: Shuffle Diagnosis Order When Necessary

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

Answer: Resubmit the claim with the diabetes diagnosis listed first (250.xx, Diabetes mellitus), followed by the appropriate obesity code. Include a copy of the dictation to show that the diabetes was the primary reason for the patient's visit. To bolster the claim, the doctor can also write a letter explaining that the diabetes was the primary reason for the visit, but that the obesity was a contributing factor.

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. As long as you aren't billing diagnoses that aren't documented in the notes, then this is acceptable.