

Eli's Rehab Report

Reader Question: Diagnosis Codes for Lab Tests

Question: A patient presenting for a physical examination complained of fatigue and joint pain. The physiatrist ordered lab tests. Are these coded with the complaint or with the physical examination?

Kansas Subscriber

Answer: You must link the lab test to the reason you are requesting it. If the lab test is part of routine blood testing for each physical (such as 80053, comprehensive metabolic panel), then you must use V70.0 (routine general medical examination at a health care facility).

If the physiatrist suspects that the patient has another condition, such as rheumatoid arthritis (714.0), and recommends a rheumatoid factor test (86430-86431), he or she would code using the symptoms leading to the suspicion, e.g., joint pain (719.40-719.49), fatigue (780.79) or joint stiffness (719.50-719.59). Your best bet is to code according to symptoms and not to the code that Medicare will most likely accept or reimburse.