

## Eli's Rehab Report

### Reader Question: Report Symptoms in Absence of Dx

**Question:** When we see a patient for a new pain-related problem, I usually report the E/M code with a pain diagnosis, such as 719.43 (Pain in joint, forearm). When the patient returns for subsequent visits, we usually have a more definitive diagnosis, such as 726.33 (Enthesopathy of elbow region, olecranon bursitis), and I report that instead. My physiatrist thinks we should hold the first E/M visit until we have the definitive diagnosis so that all of the E/M visits have the same ICD-9 codes (726.33). Is she correct?

Colorado Subscriber

**Answer:** Don't hold that claim. The ICD-9 guidelines state, "If symptoms are present but a definitive diagnosis has not yet been determined, code the symptoms."

Your question indicates that your physiatrist did not diagnose the patient's elbow bursitis until after the first visit. If this is the case, you should report the appropriate E/M code (99211-99215) for the initial E/M encounter and link it to the wrist pain diagnosis code 719.43.

After the physiatrist determines a diagnosis, you should report only the new diagnosis code (726.33), not the wrist pain ICD-9 codes.