

## OASIS Alert

### Diagnosis Coding: Learn When It's OK To Code Symptoms

**Look to sequencing instructions for exceptions to the symptom coding rule.**

You know the rule: Don't code the symptom when you have a definitive diagnosis.

But even when you keep this general guideline in mind, symptoms can still trip you up when responding to items like M1020/1022/1024 (Diagnoses, Symptom Control, and Payment Diagnoses). Brush up on your symptom coding with this primer.

#### **Symptom Codes Aren't Attached To Diagnoses**

A symptom code is one that describes some sign or symptom that the patient is experiencing without having a diagnosis that confirms the symptom, says **Tricia Twombly**, senior education consultant and director of coding with Foundation Management Services in Denton, Texas.

So, if you have a patient who is exhibiting symptoms and they don't have a more definitive diagnosis it's appropriate to code for the symptom.

Example: Your patient is experiencing shortness of breath and edema and has no diagnosis that explains those symptoms. In this case, you should code shortness of breath (786.05) and edema (782.3), Twombly says. However, if the same patient has shortness of breath and edema and also has a diagnosis of congestive heart failure (CHF), then you would only list 428.0 (Congestive heart failure, unspecified) because shortness of breath and edema are integral to CHF.

Code For Symptoms That Aren't Routine Manifestations You shouldn't code a symptom that's integral to a disease process, but how do you know when the symptom makes the grade? An integral symptom is one that is associated routinely with a disease process, Twombly says. For example, shortness of breath and edema are routinely part of the disease process of CHF, so they are considered integral to the condition.

Another example: Your patient has liver failure and is experiencing ascites, urticaria, and jaundice. You would only code the liver failure because those symptoms are integral or routinely occur with liver failure (572.8), Twombly says.

But not all symptoms are integral. If your patient has Parkinson's (332.0) and they are experiencing slurred speech (784.59) you would code both because not all Parkinson's patients experience slurred speech.

#### **Look Out For Noted Exceptions**

Sometimes, even though symptoms are integral to the condition, you're instructed to code the symptoms in addition to the condition, Twombly says. For example, your patient has benign hypertrophy of the prostate (BPH) with urinary obstruction (600.01). When you turn to the tabular listing, there is a sequencing instruction to "use an additional code to identify symptoms" even though all the listed symptoms are integral to BPH with lower urinary tract symptoms (LUTS).