

Tips for Accurate and Complete Diagnosis Coding

Review the Patient's Medical Record

- Maintain patient medical records in keeping with health plan standards.
- Identify the main reason for the patient's visit.
- Locate other conditions and confirmed diagnoses that are related to the reason for the visit.
- Do not include conditions that are described as: "to rule out," "possible" or "suspected."
- Only code conditions that are supported by clinical medical record documentation.

Find the Condition in the ICD's Alphabetical Index

- The index lists conditions in alphabetical order.
- Locate a term for each condition listed in the medical record.
- For each term located, examine sub-terms under the main condition term(s) to find the closest description of the condition. More than one term may be required to fully describe the condition.
- Find the appropriate diagnosis code(s) associated with all documented conditions.

Look up the Diagnosis Code(s) from the Index on the ICD's Tabular List

- The tabular list, which appears along the edges of each page, presents diagnosis codes in numeric order.
- Find the main diagnosis code category for each documented condition.

Read all Definitions and Notes Presented with Each Code Category

- Follow all cross-reference notes, inclusion notes, code also notes and exclusion notes.

Select Diagnosis Codes of the Highest Specificity Possible

- If the code classifies the condition as NEC, "not elsewhere classified," or NOS, "not otherwise specified," refer back to the medical record to see if other more specific conditions exist that can be coded.
- Follow ICD coding guidelines. For example, in some manual versions, a red box next to the code has a check mark indicating how many digits are required. The code will be invalid if the maximum digits are not used.

Determine if Any of the Conditions May Be Combined

- Signs and symptoms may be coded **unless** the record indicates they are signs and symptoms of another condition.
- From the record, determine if separate conditions can be covered by any of the available combination codes (i.e., hypertension and chronic kidney disease have a combination code; diabetic neuropathy requires a diabetic combination code and a neuropathy code).

Record the Diagnosis Codes on the Claim Form

- First, list the diagnosis code chiefly responsible for the service(s) provided.
- Then, list codes for all other conditions that are documented in the medical record for the date of service.
- Report all secondary diagnoses that affect clinical evaluation, management or treatment.