



## UEI Coding Alert # 8

### December 7, 2005

#### **Selecting the right diagnosis code when reviewing assessments.**

The patient's primary diagnosis code should always relate to the chief complaint. The primary diagnosis code should describe the condition, problem, or reason for the visit. It is the reason the patient was seen *that day*, and it is not necessarily the same as the patient's most serious medical condition.

For example, if the chief complaint is a three-month follow-up of chronic open angle glaucoma in both eyes, the primary diagnosis code should be 365.11 (chronic open angle glaucoma).

If the patient's history and/or examination also includes cataracts and age-related macular degeneration (AMD), these added diagnoses are subordinated or omitted entirely. Without a complaint to correlate with cataracts and AMD, these conditions are not relevant to the current visit.

The ICD-9 guidelines instruct users to list chronic conditions or secondary conditions *only if pertinent to the visit*.