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Example of How Payers Remove Secondary Diagnoses From Claims

By Nina Youngstrom

Payers and/or their auditors may contend that inconsistent documentation is grounds to remove a diagnosis, said Richelle Marting, an attorney from Olathe, Kansas. But there is support from coding guidelines to appeal this and the other denials stemming from DRG validations.[1] Contact Marting at rmarting@richellemarting.com.

Inconsistent Documentation

Consider how the attending physician and consulting physicians have described the condition. Rules and responses may differ depending on how the condition is described in the record.

Payor Seeks to Ignore Attending's Documentation; Relies on Consultants or Others

"The listing of the diagnoses in the patient record is the responsibility of the attending provider."

Assigning codes based on the documentation of other healthcare providers can only occur if their documentation is not in conflict with the documentation of the patient's attending physician of record.

Payor Seeks to Exclude Diagnosis Because Attending Didn't Document

Code assignment may be based on documentation from any physician involved in the care and treatment of the patient, including documentation by consulting physicians.

Is there an inconsistency, or attending simply didn't record the condition documented by a consultant?