Diagnosis Code Information

1. Regarding Medical Diagnoses: We are cautioning you to ONLY use medical diagnoses which are supplied to you through medical records (face sheet, hospital transfer sheet, or PCC).
If you do not have a medical diagnosis from the proper resources, you can put the treatment dx in the medical dx spot as well as the treatment dx spot.
It is the facility's job to choose the correct medical dx to put on the UB-04 form to Medicare but they do rely on you for the treatment diagnosis.

2. However, DO NOT list Medical Diagnoses in the Treatment Diagnoses spot.

3. Regarding Treatment Diagnoses: We have a list of commonly used treatment diagnosis codes, please use this as a reference and ensure you are not using a medical dx as a treatment dx.

4. **In RO the ICD 10 code you choose first is what is placed on the service log as the primary diagnosis. Please choose the strongest dx codes first when doing your evals, so they show up on the service log as primary.**

Weakness diagnosis:

You can still use the weakness code, the documentation just needs to be strong.
Per NGS: The diagnosis should be specific and as relevant to the problem being treated as possible. In many cases, both a medical diagnosis (obtained from the physician/NPP) and an impairment-based treatment diagnosis are relevant.Bill the most relevant diagnosis. As always, when billing for therapy services, the ICD-10 code that best relates to the reason for the treatment shall be on the claim, unless there is a compelling reason. For example, when a patient with diabetes is being treated for gait training due to amputation, the preferred diagnosis is abnormality of gait (which characterizes the treatment). Where it is possible in accordance with State and local laws and the contractors Local Coverage Determinations, avoid using vague or general diagnoses. When a claim includes several types of services, or where the physician/NPP must supply the diagnosis, it may not be possible to use the most relevant therapy code in the primary position. In that case, the relevant code should, if possible, be on the claim in another position.Codes representing the medical condition that caused the treatment are used when there is no code representing the treatment. Complicating conditions are preferably used in non-primary positions on the claim and are billed in the primary position only in the rare circumstance that there is no more relevant code.

FOR OT:
We know that OT doesn't have a lot of treatment diagnosis choices (which can make a good argument for using weakness for most claims)
But due to that, we are recommending multiple comprehensive ADL goals –
A ***short and long term goal*** for every functional ADL task that is limited with potential to improve:
Feeding
Oral/Facial Hygiene
UB and LB Dressing
UB and LB Bathing
Toileting
Toilet Transfers
Homemaking
Etc…

For OT the argument for using the weakness code is lack of functional OT ICD-10 codes **and** comprehensive ADL goals will help to support that argument.
Otherwise we have a potential for denials

For PT:
We recommend all ambulatory patients have a gait code and Choose it First – the first dx code chosen is the primary diagnosis that goes on the Service Log
If there are other Treatment dx codes from the list that are more appropriate than the weakness code, please use that over the weakness code or at least list that one first.