

Risk Coding Tips and Tools

Mismatch Diagnosis Alert

When a diagnosis is initially added to the "Visit Diagnoses" box but is subsequently removed **after** the encounter, and does not appear on the claim, the diagnosis will resurface in the "Best Practice Advisory (BPA)" box during the next visit, with an alert to indicate the condition was never billed.

Situations that can lead to a mismatch diagnosis include:

- More than 12 diagnoses in the "Visit Diagnoses" box (only 12 diagnoses can be included on the original claim)
 - Additional diagnoses can be included in a supplemental claim
- If a diagnosis is removed by a Risk Adjustment Coder or Professional Billing Coder for lack of support

Physician Documentation Example

EXAMPLE 1:

70-year-old male presents for follow-up on chronic conditions, last HbA1C was 7.6%, needs new endocrinologist. Continue taking metformin. Last LDL <70, continue statin. Follow-up recommended in about 6 months.

Visit Diagnoses

◆ Mixed hyperlipidemia (CMS/HCC) E78.2
Prostate CA (CMS/HCC) C61
Type 2 diabetes mellitus without complication, without long-term current use of insulin (CMS/HCC) E11.9

[Problem List](#)

The provider received a professional coding query regarding prostate cancer due to the absence of supporting information in the progress note. Since the provider did not respond, prostate cancer was removed from the "Visit Diagnoses" box.



This condition will prompt the BPA to consider recertification during the next appointment.

Diagnosis Mismatch Between Visit and Claim

Category and Diagnosis
CMS-HCC 12: Prostate CA (CMS/HCC)

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.

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EXAMPLE 2: Patient presents for hospital follow-up. Patient completed treatment with antibiotic for UTI and condition has resolved.

- PUD: Patient is aware that he needs to see GI, continue pantoprazole sent to pharmacy
- GERD: start pantoprazole
- Acute gastritis: Follow with GI
- Hyperlipidemia: Continue atorvastatin, patient is aware that they need to do labs
- Hypertensive heart disease without heart failure: No longer is taking nifedipine or clonidine in addition to carvedilol he is also taking amlodipine
- CAD S/P CABG x 5: Continue atorvastatin, prescription for clopidogrel sent to pharmacy
- DM type 2 with diabetic peripheral neuropathy: Continue gabapentin 400 mg at night continue with insulins
- Type 2 diabetes mellitus with ESRD: Patient is currently hemodialysis dependent, goes to dialysis center 3 times a week and continue with insulins
- Fatigue: labs to be completed a week prior to next appointment. Patient aware.

Visit Diagnoses

- ◆ Hospital discharge follow-up Z09
- PUD (peptic ulcer disease) K27.9
- Gastroesophageal reflux disease, unspecified whether esophagitis present K21.9
- UTI (urinary tract infection), bacterial N39.0, A49.9
- Acute gastritis without hemorrhage, unspecified gastritis type K29.00
- Hyperlipidemia, unspecified hyperlipidemia type (CMS/HCC) E78.5
- Hypertensive heart disease without heart failure (CMS/HCC) I11.9
- S/P CABG x 5 Z95.1
- Coronary artery disease involving native coronary artery without angina pectoris, unspecified whether native or transplanted heart (CMS/HCC) I25.10
- DM type 2 with diabetic peripheral neuropathy (CMS/HCC) E11.42
- Type 2 diabetes mellitus with ESRD (end-stage renal disease) (CMS/HCC) E11.22, N18.6
- ESRD (end stage renal disease) on dialysis (CMS/HCC) N18.6, Z99.2
- Dependent on hemodialysis (CMS/HCC) Z99.2
- Current use of insulin (CMS/HCC) Z79.4
- Fatigue, unspecified type R53.83

[Problem List](#)



Despite the provider addressing all 16 diagnoses in the note, there were more than 12 diagnoses present in the "Visit Diagnoses" box. Only the initial 12 were included in the claim, resulting in a discrepancy for the remaining 4 codes.

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