

The Chief Complaint Drives the Bus

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This is one of the fundamental concepts in patient driven care and in proper documentation. Nearly every day we see a patient, one will come in complaining of one thing, and we will discover a completely different condition that we feel is more important. They may not even have symptoms of this new condition. The Chief Complaint (CC) or Reason for Visit (RFV) can certainly be doctor directed from a prior visit. But the concept is the same, whether the CC/RFV is doctor directed or patient driven, this is the condition that will become the primary diagnosis. Remember, auditors are often employed by third-party companies and they derive their revenue based on a percentage of what they recover. Therefore, they are going to look for low-hanging fruit that has a high potential for recoupment of payment. The CC/RFV is a very easily identified element of the exam and if the primary diagnosis does not address it, they could deem the entire encounter unnecessary and recoup the payment.

The other day I saw a long-time patient with no prior medical diagnosis except a pinguecula. He also had no visual complaints. He came in saying, "I think those white bumps are getting bigger and are sometimes red." On exam, the vision in his right eye was slightly reduced to 20/25- with no improvement after refraction. During the retinal exam, her appeared to have mild epiretinal membranes and the OCT confirmed that finding. I was more interested in his ERM than his pinguecula, so I educated him about the ERM and scheduled him for next year with an OCT to monitor.

Next I created my list of diagnoses and plans of care and flag my primary diagnosis of an ERM which had a poetically written plan associated to it. About 5 minutes later, I realized I had made a mistake. The ERM was NOT the primary diagnosis for the day. The patient had presented with no complaints of an ERM, nor was there a prior history of it stating that I needed to monitor it. Today's primary diagnosis was pinguecula and my plan of care stating artificial tear use and UV protection was the treatment. Anything related to the ERM would be secondary in the eye of the insurance payer. In an audit, they would be looking to make sure that I addressed the CC/RFV. I am certainly free, and expected, to care for other needs that arise during the visit. But my primary responsibility is to address the CC/RFV. Therefore, I went back into the chart and changed my primary diagnosis to match.

Now the question may be, if the CC/RFV and primary diagnosis are pinguecula, what about the OCT? There is no problem with ordering a special test related to another condition discovered during the visit. You simply associate that diagnosis to the test to the CPT code. And of course, make sure you have a nice Order and Interpretation & Report for it.

Insurance payers are never impressed by a list of 10 diagnoses listed after each CPT code. Even if a patient has multiple conditions, there is no need to link every single code to the office visit. For the example above, this patient's new list of diagnoses was now:

pinguecula, macular pucker (ERM), NS cataracts, dermatochalasis, squamous blepharitis, myopia, presbyopia, & astigmatism. Only three of these made it to the CMS-1500 form. Pinguecula was the only diagnosis that had to be associated with the office visit, but because I ordered

CPT Code	First Dx (Primary)	Second Dx
92014	Pinguecula	Macular Pucker
92134	Macular Pucker	
92015 (Pt's responsibility)	Presbyopia	

an OCT and recommended a follow up with OCT next year for the ERM, I linked this to the office visit just for reference. But the exam would have been paid either way.

In short, the primary diagnosis must have a clear link to the CC/RFV. If an auditor must look or wonder how the primary diagnosis and the CC/RFV are connected, this would likely lead to recoupment of payment, or at the very least, some questions that would need to have a good answer. In either situation, this is a very easily avoided problem simply by addressing the CC/RFV first and then making sure your primary diagnosis matches.