Attachment 4

DIAGNOSIS CODES

Requiring a diagnosis on all prescriptions has been brought up on several occasions. At first glance the request seems straight forward and simple. It would be easy to accomplish. There are, however, several considerations:

1. Take the simple diagnosis of "**congestive heart failure**". In the 2006 ICD-9-CM there are no less than 19 codes applicable to "congestive heart failure"! The choices vary from Congestive heart failure, unspecified (428.0) to Heart failure, unspecified (428.9)

    Cholelithiasis (574) has ten different diagnosis codes.

    Which code to use when the doctor writes on the prescription "CHF" or "gallstones"?

2. Once the code is established, who is responsible for recording the code so that it enters pharmacy paid claims data as useful information? The pharmacist probably doesn't have the time. The pharmacy clerk probably won't have the necessary knowledge base.

Simply asking for a diagnosis code may provide no useful information. If a diagnosis of **"peritonitis"** is sufficient (567.9) it becomes meaningless when data is being reviewed for an association between antibiotic use and "**bacterial peritonitis**" (567.29).

The patient's desire for privacy may preclude entering the correct clinical diagnosis on the prescription. In many cases patients do not wish to have a mental health diagnosis entered into their record when using tranquilizers/antidepressants. In a similar fashion, using an STD diagnosis may provide more information to family members than the patient wishes to disclose.

Which diagnosis to record may be problematic. If an ACE is prescribed and the patient is recently post MI and has hypertension is the correct diagnosis **Acute myocardial infarction** or **hypertension.** (There are TWO FULL PAGES of diagnosis codes for hypertension in the 2006 ICD-9-CM!) In this scenario the patient may very well have diabetes mellitus (type 1 or type 2? – there is ONE FULL PAGE of diagnosis codes for diabetes mellitus!)

Agreed.
A diagnosis code would be very useful and would make the pharmacy paid claims data an even more valuable database. The development of the EMR with hyperlinks may help solve the problem.

The advent of Medicare Part D, and the desire on the part of CMS to link performance with payment for physicians, may represent the first major push to mandate coded diagnoses as a part of routine prescription writing.

Diagnosis codes on prescriptions may come with improved IT – electronic prescription writing with automatic ICD-9-DM diagnosis code download using appropriate applications with diagnosis code hyperlink.