Oakland Physician Network Services

Billing and Coding Tips for 2026

Claims and Remittances

There are 2 ways to obtain your remittance advices:

1. Paper: Easy to read, meant for billers
    - Includes the proper denial codes and descriptions
2. PDF: Sign up required, depending on health plan.
    - Most health plans have online provider portals such as Availity, Prism, and Medicare. Please note that not all EFTs will be automatically distributed to your practice. Please see plan rules and obtain accordingly, some payors might have time frames on when to retrieve those documents.

Coding

Make sure to code the condition to the highest specificity

- More specific coding = Accurate billing
- Appropriate supporting documentation = Appropriate Reimbursement
- Accurate diagnosis leads to meaningful data analysis to promote proper care provided to patients.

Tips for coding to the highest specificity

- Use the most current ICD-10 codes and code books
- When there are multiple forms of a chronic diagnosis, document and select the exact code that identifies the condition.
    - Accurately document conditions that can be coded as a combination code. Ex: "Due to" or "Associated with"
- Utilize the "history of" Z codes available for conditions the patient no longer has
- 4 C's": **Clear, Concise, Consistent, & Complete**
    - **Documentation should include lab/pathology results to identify code assignments.**
    - **Certain diagnosis codes can only be billed in the first-listed or primary diagnosis code field**
    - **Avoid using unspecified diagnosis codes when there is a more specified code**
    - **Avoid selecting a diagnosis for the chronic condition when the patient has acute condition**
        - **J41.0 – Simple chronic bronchitis**
          VS
        - **Acute bronchitis code range J20-J20.9**

Diabetes Coding

Each type of diabetes has specific code, and complications must be documented accurately.

- Documenting complications: Each complication has specific ICD-10 code that must be used in conjunction with the diabetes code. Use as many codes as necessary to capture all complications of diabetes
    - ✓ Example: diabetic retinopathy, nephropathy, or peripheral vascular disease
- Combination codes: many diabetes codes are combination codes that include the type of diabetes and associated complications
- Casual relationships: The ICD-10 coding guidelines presume a causal relationship between diabetes and many associated conditions
    - ✓ Example: if the patient has diabetes and chronic kidney disease, the coding should reflect this relationship in the documentation
- Control Status
    - ✓ Well controlled diabetes might use a code ending in "9" (E11.9), while uncontrolled diabetes uses a different code depending on the complication

Be diligent when choosing type of diabetes, complications, or control status for appropriate reimbursement

Documentation Tips

Best Practice

Each encounter is a stand-alone record. Documentation needs to be supported for each visit. When auditing, only that specific encounter will be referenced. Just because it is documented once, it needs to be supported every time that diagnosis is reported.

1. Problem List: an accurate and complete list can promote patient safety and care
2. Medication List: Linking to a diagnosis being treated and supporting documentation for the condition
3. Comorbidity capture
4. Documentation of all cause-and-effect relationships
5. Documentation specificity: Clear, complete, and specific documentation = Proof of quality and continuity of care
6. "History of" use for all inactive conditions
7. Care needed tracking
8. Confirmed diagnoses only: chronic conditions assessed at lease one time per year
    - ➢ Condition status: Is it relevant to treatment? Is it influencing the plan of care?
    - ➢ Management of the condition
    - ➢ Follow up of the condition