The Diagnosis Calculator is designed to assist physicians in providing the most specific diagnosis available to assure optimum coding and billing. The key to avoiding repetitive diagnosis entries is to provide the most specific diagnosis during initial encounter entry. The Diagnosis Calculator will appear in multiple locations throughout your patient encounter workflows. Taking advantage of this easy to use tool at the beginning of the patient’s encounter will alleviate redundant entries, and optimize billing and coding efficiencies.

Let’s Do It

Because the visit diagnosis must be specific enough for billing, the calculator pops up when a non-specific (generic) diagnosis is entered. For example, if you enter “diabetes” in the visit diagnosis lookup box and hit “enter”, you will notice a series of additional items you can select to provide more specificity to your generic diagnosis. By selecting one or more of the multiple options, your compilation will provide a more drilled down and specific diagnosis.
The Diagnosis Calculator will also appear when an order is placed which requires the association of a diagnosis. If you enter a generic diagnosis to associate, the calculator will appear prompting you to select with more specificity.

If a provider utilizes the “Order Entry” activity to review or create additional orders, they will use the “Add Diagnosis” box to add any new diagnoses.

Again, if the provider enters a generic diagnosis, or one which is not specific enough for billing, the same calculator window will pop up.
If the provider uses the problem list on the right hand side of the Order Entry activity and clicks on the arrow to move a generic diagnosis over to the visit diagnosis, they will see the bottom half of the calculator, because they have already selected the generic diagnosis and all they need at this point is the additional specificity for billing.