



# Primary DX Selection

There may be times when a patient has multiple conditions that require care. So how do you select a primary reason for visit?

## Tips for selecting a primary diagnosis:

- The primary diagnosis is the main reason after exam and diagnostic testing that you feel the patient requires placement in the hospital.
- Symptoms, signs, and ill-defined conditions are not to be used as principal diagnosis when a definitive diagnosis can be established. Example, if the patient has chest pain but EKG shows STEMI then use MI to search guidelines.
- If the patient presents with a manifestation of an underlying cause, the underlying condition is the primary diagnosis if known. Example, patient presents with syncope due to dehydration, dehydration is primary.
- During observation, if the patient’s comorbid condition “overtakes” the principal diagnosis in terms of treatment length, then the more resource intensive condition becomes the primary diagnosis when you convert to inpatient.

In the unusual instance when two or more diagnoses equally meet the criteria for principal diagnosis, as determined by the circumstances of admission, diagnostic work-up and/or therapy provided; ask yourself these questions for each condition:

1. Did this condition necessitate inpatient admission? Would the patient have been admitted to the inpatient setting for this condition?
2. Did this condition meet admission criteria? Was the patient sick enough? Was the treatment significant enough?
3. Could this condition stand alone as the reason for admission?

Example:	Possible Primary DX:
<p>Two or more diagnoses that equally meet the definition for principal or primary reason for visit:</p> <p>A patient is admitted with Afib with RVR rate that resulted in acute diastolic heart failure. Patient was treated with IV antiarrhythmics and IV Lasix. The patient was also started on PO antibiotics for a UTI noted on urinalysis. On further questioning the patient did note mild burning on urination.</p>	<p><b>A fib, unspecified</b> <b>Acute systolic CHF</b></p> <p>Afib and CHF are both preferred choices for the primary diagnosis. Although, one caused the other, both required medical management and inpatient treatment. Based on principal diagnosis criteria they were both the reason for admission and required equal treatment. The UTI did not require inpatient care. So, either the Afib or CHF could be used for criteria selection.</p>

There are times when the guidelines cannot provide direction for the specific patient scenario and the decision for observation versus inpatient is ultimately physician judgement.