SEPTEMBER 2026

Secondary Diagnosis

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, on services submitted to Healthfirst—specifically for **Secondary Diagnosis**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amount that Healthfirst or the member owes the provider.

Secondary Diagnosis refers to a current, active condition that coexist with the primary reason for the visit, is clinically evaluated or managed during the encounter, and meets CMS documentation requirements for HCC submission.

Difference between Primary vs Secondary Diagnosis

Primary Diagnosis	Secondary Diagnosis
Main reason for the patient's visit	Any additional health conditions the coexist with primary diagnosis
• A patient is admitted with a primary diagnosis of heart failure and has diabetes; heart failure is the primary diagnosis, while diabetes is the secondary diagnosis. • A patient admitted with a primary diagnosis of a broken leg. If the patient also has diabetes, which might slow the healing process, diabetes would be considered the secondary diagnosis.	

When can a condition be coded as Secondary?

A condition may be reported as secondary diagnosis if it meets at least one of the following:

Monitored	Evaluated	Assessed	Treatment
• Labs ordered/ reviewed • Condition stated as stable, worsening, uncontrolled • Disease status assessed	• Addressed in assessment/plan • Risk factors or complications discussed • Differential considered	• Chronic condition reviewed • Disease status or impact on care • Conditions contribute to medical decision-making	• Medications prescribed, adjusted, or continued • Referrals, therapy, counseling, or care coordination • Management decisions made

Documentation and Coding Tips:

- **Inpatient:** Includes conditions from admission or developed during the stay, including uncertain diagnoses.

- **Outpatient:** Focuses on conditions that justify medical necessity for tests or procedures. If a related diagnosis has been established and is linked to signs/symptoms, assign only the code for the diagnosis.

- **Determine Clinical Significance:** Only report conditions that are evaluated, treated, or increase the length of stay or resource consumption. Past medical history, if not impacting on the current visit, should not be coded.

- **Specificity and Sequencing:** Use the most specific code applicable. Ensure proper sequencing, as manifestation codes should not be in the primary position.
  - ICD-10 code sequencing prioritizes the primary reason for the encounter (first-listed or principal diagnosis), followed by co-existing conditions, complications, and underlying etiologies. Strict adherence is required by the official coding guidelines.
    - **Identify Primary Diagnosis**
      - **Outpatient/Professional:** Code the condition, illness, or problem primarily responsible for the encounter.
      - **Inpatient:** Code the condition established after study to be chiefly responsible for occasioning the admission.
    - **Etiology and Manifestation Rules**
      - When a disease causes a secondary condition (manifestation), the underlying cause (etiology) must always be sequenced first.

    - "Code First" Note: Instructs the coder to sequence the underlying disease before the manifestation code.
    - Example: Diabetic chronic kidney disease requires the diabetes code to be sequenced before the kidney disease code.
    - "Use Additional Code" Note: Appears at the etiology code to remind coders to sequence the manifestation code secondarily
  - **Combination Codes vs. Multiple Coding**
    - Use a single combination code if it fully identifies the diagnostic statement.
    - If no combination code exists, code both the underlying condition and the manifestation individually, properly sequenced.
  - **Signs and Symptoms**
    - Do not code signs or symptoms associated with a definitive diagnosis as primary diagnoses.
    - Signs and symptoms are only coded first if a definitive diagnosis has not been established by the provider at the time of the encounter.
    - *For comprehensive, official sequencing rules, consult the full CMS ICD-10-CM Coding Guidelines documentation*

- **Capture Comorbidities:** Report chronic conditions (like hypertension or COPD) if they influence the management of the primary condition, as these often increase patient risk scores for reimbursement. Add linking term: with, due to, caused by, associated with, and secondary to.

- **Document Active Status:** Do not use "history of" codes for conditions currently being treated (e.g., active diabetes or cancer). Use "Z" codes only if history has a direct impact on current care.

Coding Example

Case	A patient is admitted for acute pneumonia (Principal Diagnosis) and has a history of type 2 diabetes. During the stay, the physician orders finger-stick blood sugar tests daily, adjusts the patient's insulin dosage, and notes that hyperglycemia may slow the recovery from pneumonia.
Rationale	Assign code **J18.9**, Pneumonia, unspecified organism, and code **E11.9** Type 2 diabetes mellitus without complications. The diabetes meets the criteria for a secondary diagnosis because it was actively monitored (blood sugar tests), evaluated (physician review), and treated (insulin adjustment) during the encounter. It influenced the management of the principal diagnosis.

References

- **2026 ICD-10-CM Guidelines**
- **CodingClarified_Coding Primary vs Secondary Diagnosis**
- **AHA Coding Clinic Advisor Homepage | AHA Coding Clinic | AHA Coding Clinic**

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the coding section on **HFproviders.org**

26-5661<PRX26_47>