

Special Bulletin

For professional and facility providers

December 1, 2023

Claims Culprit: Sequela Code Errors Lead to Increased Denials

Highmark is seeing an uptick in claims with sequela code errors, resulting in increased denials for providers. To avoid this type of error, it is necessary to include both the **original injury code** that precipitated the sequela as well as the sequela code.

Reminder: The sequela code can never serve as the primary or only diagnosis code; it must always be accompanied by the original injury or condition code.

Tips for Correct Coding

Incorrect coding is a leading cause of claim denials. When submitting claims, please check the principal and other diagnosis codes you reported to ensure all diagnosis codes are:

- Appropriate for the service reported
- Effective for the date of service
- Reported at the highest level of specificity (It is not appropriate to report unspecified, or left and right diagnosis codes when a more specific code, for example, bilateral, is available.)

For more coding tips, see the recent *Provider News* article: "[Top Billing Errors and How to Avoid Them.](#)"

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