Ohio Department of Medicaid

ICD-10 TIPS

ICD-10 Transition Information for Providers & Staff

>Date

February 23, 2015

>Document ID

4_ODMICD

> Subject

Billing Unspecified Codes

> Providers Types Impacted

All Providers required to submit ICD-10 codes

> Description

ICD-10 provides the opportunity to include much greater detail about the nature of the patient condition. ICD-10 allows the provider to indicate seemingly small differences in the description of the patient condition that may make a significant difference in the assessment of risk, severity and complexity. However, in both ICD-9 and ICD-10, "unspecified" codes have acceptable, even necessary, uses. ODM is providing the following *ICD-10 TIPS* to clarify the purpose of "unspecified codes."

While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, there are instances when "unspecified" codes are the best choices for accurately reflecting the understanding of the patient's health state at the time of the encounter. Coding on health transactions should reflect this level of understanding. In both ICD-9 and ICD-10, "unspecified" codes have acceptable, even necessary, uses.

If reasonable confidence in a working diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a more definitive diagnosis. When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code (e.g., a diagnosis of pneumonia has been determined, but not the specific type). In fact, unspecified codes should be reported when they are the codes that most accurately reflects what is known about the patient's condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code.

> Managed Care Considerations

This *ICD-10 TIPS* applies to both fee-for-service and managed care billing.