

THIS MONTH'S TIPS AND TRICKS IS BASED ON ACTUAL QUESTIONS FROM PROVIDERS IN OUR NETWORK. THE ANSWERS ARE BASED ON OUTPATIENT CODING GUIDELINES.

QUESTION:

If I'm ordering a diagnostic service to confirm or deny a possible/probable diagnosis, can I document the ICD-10 code for that working diagnosis on my Prior Authorization form?

ANSWER:

No. If a definitive diagnosis is not determined by the end of the encounter, then document and code for the signs, symptoms, abnormal tests result(s), and/or other conditions that prompted the prior authorization request. Providers are required to send medical documentation supporting the requested service, so any differential diagnosis (which should clearly be identified as such) will be noted from that documentation.

QUESTION:

Do the same guidelines apply to claim forms, or can I submit the codes for these "rule-out" or "suspected" diagnoses on my claim form for that encounter?

ANSWER:

These same outpatient guidelines apply. Do not report codes for diagnoses that are "rule-out," "questionable," "likely" or otherwise unconfirmed. ICD-10-CM Official Guidelines for Coding and Reporting (Section I.B.4) states: "Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider."

QUESTION:

How about coding signs and symptoms when a diagnosis HAS been confirmed?

ANSWER:

Conditions that are integral to a disease process should not be assigned as additional codes. For example, nausea and vomiting should not be coded in addition to gastroenteritis, because these symptoms would be considered integral to a diagnosis of gastroenteritis. Any conditions, including signs and symptoms, that are not routinely associated with the definitive diagnosis should be assigned as additional codes.

EXAMPLE:

A 56-year old male member is seen for complaints of a change in size of the right breast. On examination the provider notices slight nipple retraction and a lump slightly inferior to the nipple, painless to palpation and approximately 15mm wide. Breast cancer is a possible diagnosis and prior authorization is sought for a diagnostic mammogram.

ICD-10 codes on the claim form (related to this issue) and on the PA form would be the same:

N63, Unspecified lump in breast; N64.53, Retraction of nipple