CMS and unspecified codes – the rule, the myth and the legend
CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10

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CMS to make ICD-10 transition less disruptive for physicians

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For the first year ICD-10 is in place, Medicare claims will not be denied solely based on the specificity of the diagnosis codes as long as they are from the appropriate family of ICD-10 codes.

...penalties will not be applied if CMS experiences difficulties calculating quality scores for these [quality-reporting] programs as a result of ICD-10 implementation.
“For the first year ICD-10 is in place, Medicare claims will not be denied solely based on the specificity of the diagnosis codes as long as they are from the appropriate family of ICD-10 codes.”

E04 Other nontoxic goiter

Excludes1: congenital goiter (NOS) (diffuse) (parenchymatous) (E03.0) iodine-deficiency related goiter (E00-E02)

E04.0 Nontoxic diffuse goiter
  Diffuse (colloid) nontoxic goiter
  Simple nontoxic goiter

E04.1 Nontoxic single thyroid nodule
  Colloid nodule (cystic) (thyroid)
  Nontoxic uninodular goiter
  Thyroid (cystic) nodule NOS

E04.2 Nontoxic multinodular goiter
  Cystic goiter NOS
  Multinodular (cystic) goiter NOS

E04.8 Other specified nontoxic goiter

E04.9 Nontoxic goiter, unspecified
“As of October 1, 2016, providers will be required to code to accurately reflect the clinical documentation in as much specificity as possible, as per the required coding guidelines.”
"In ICD-10-CM, unspecified codes have acceptable, even necessary, uses. Information about unspecified codes, including an MLN Matters article and videos, can be found on the CMS website."
“...these policies will require no greater specificity in ICD-10 than was required in ICD-9, with the exception of laterality, which does not exist in ICD-9. LCDs and NCDs that contain ICD-10 codes for right side, left side or bilateral do not allow for unspecified side.”
CMS Technical Alert issued May 23, 2016:
“These codes will not be accepted in the Alleged Cause of Injury, Incident or Illness (Field 15) or in any ICD Diagnosis Code field starting with Field 18. Updates to previously submitted records using these excluded codes, will also be rejected.”

The excluded codes cover three areas:

• Unspecified adverse effect of drug or medicament
• Other specified complications of surgical and medical care
• Complication of surgical and medical care
More guidance released

- 999.9 (Other and unspecified complications of medical care, not elsewhere classified)
- T88.7XX[A, D, S] Unspecified adverse effect of drug or medicament
- T88.8XX[A, D, S] Other specified complications of surgical and medical care, not elsewhere classified
- T88.9XX[A, D, S] Complication of surgical and medical care, unspecified
9. Other and Unspecified codes

a. “Other” codes
   Codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. Alphabetic Index entries with NEC in the line designate “other” codes in the Tabular List. These Alphabetic Index entries represent specific disease entities for which no specific code exists so the term is included within an “other” code.

b. “Unspecified” codes
   Codes titled “unspecified” are for use when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the “other specified” code may represent both other and unspecified.

See Section I.B.18 Use of Signs/Symptom/Unspecified Codes
Solutions

- Update to 2017 ICD-10-CM code books
- Evaluate your LCDs and NCDs
- Explore your denials
- Valid code vs. NCD/LCD vs. other claim edit
References


• http://www.ama-assn.org/ama/ama-wire/post/cms-icd-10-transition-less-disruptive-physicians