

ICD-10: CODING PRINCIPLES

8 DIAGNOSIS CODING PRINCIPLES TO DEMONSTRATE MEDICAL NECESSITY

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1. List the principal diagnosis, condition, problem, or other reason for the medical service or procedure.
2. Assign the code to the highest level of specificity.
3. For office and/or outpatient services, never use a “rule-out” statement (a suspected but not confirmed diagnosis); this could permanently tag a patient with a condition that does not exist. If no definitive diagnosis is determined, code symptoms and/or signs instead of using rule-out statements.
4. Be specific in describing the patient’s condition, illness, or disease.
5. Distinguish between acute and chronic conditions, when appropriate.
6. Identify the acute condition of an emergency situation (e.g., coma, loss of consciousness, or hemorrhage).
7. Identify chronic complaints, or secondary diagnoses, only when treatment is provided or when they affect the overall management of the patient’s care.
8. Identify how injuries occur.

The above facts must be substantiated by the patient’s medical record and that record must be available to payers upon request

Source: AAPC News & Articles 4/23/13

