AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 819
(I-16)

Introduced by: Georgia

Subject: Nonpayment for Unspecified Codes by Third Party Payers

Referred to: Reference Committee J
(Candace E. Keller, MD, Chair)

Whereas, The Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) required the use of ICD-10 diagnosis codes to replace ICD-9 codes as of October 1, 2015; and

Whereas, Certain third party payers have stated their intent to deny payment for unspecified ICD-10 codes, with elimination of their grace period as of October 1, 2016; and

Whereas, It is impossible to avoid using unspecified codes if the practitioner wants to be accurate and truthful; and

Whereas, Requiring specific codes in all circumstances requires the practitioner to code inaccurately and untruthfully in certain circumstances, contributing to inaccurate data collection, contrary to the purpose of ICD-10 code implementation; and

Whereas, The CMS website clearly states that unspecified codes are necessary in many situations (e.g., "In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses); and

Whereas, Physicians should report specific diagnosis codes when they are supported by available medical record documentation and clinical knowledge of the patient's health condition, but in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter; and

Whereas, Physicians should code each health care encounter to the level of certainty known for that particular encounter; and

Whereas, If a definitive 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 definitive diagnosis; and

Whereas, When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined); and

Whereas, In fact, you should report unspecified codes when such codes most accurately reflect what is known about the patient's condition at the time of that particular encounter; and

Whereas, It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code; therefore be it

RESOLVED, That our American Medical Association advocate to the Centers for Medicare & Medicaid Services and the America's Health Insurance Plans for insurance reform that would not penalize physicians and other health care practitioners financially or otherwise from using unspecified codes when appropriate. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/20/16