MVP FASTFAX News for Providers

ICD-10 CODING DOCUMENTATION GUIDELINES

MVP Health Care understands that diagnosis coding can be confusing. This Fast Fax outlines the differences in guidelines between the facility and professional setting.

RULE OUT DIAGNOSIS CLARIFICATION

The phrase “Rule Out” means the physician is attempting to discount a particular diagnosis from the list of possible or probable conditions that the patient may have. According to the Centers for Medicare and Medicaid Services (CMS) and the American Health Information Management Association (AHIMA), there are two distinct processes, depending on the setting.

In the inpatient setting, if a diagnosis documented at the time of discharge is qualified as “probable,” “suspected,” “likely,” “questionable,” “possible,” or “rule out,” the condition should be coded as if it existed or was established. The bases for this guideline are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis. ***These guidelines were developed for inpatient reporting only and do not apply to outpatient coding.***

In the outpatient setting (including physician offices), diagnosis documented as “probable,” “suspected,” “likely,” “questionable,” “possible,” or “rule out,” should **not** be coded as if they are established, rather the conditions should be coded to the highest degree of certainty for that encounter. It is appropriate to code based on the physician documentation available at the time of code assignment.

If you have any further questions, please email mreardon@mvphealthcare.com or call 585-279-8583.

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