Rule Out Diagnosis

MVP Health Care is committed to excellence and to providing outstanding service both for our members and providers. One of the ways in which we strive to improve performance is to validate a member’s diagnosis and to compare it with a progress note for the same date of service. MVP relies upon our providers to submit complete and accurate diagnosis coding to ensure compliance and proper reimbursement.

Areas of concern have been found with “Rule Out” diagnosis (R/O). The phrase “Rule Out” means that the physician is attempting to discount a particular diagnosis from the list of possible or probable conditions the patient may have. According to the Centers for Medicare & 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 basis 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.

In the outpatient setting (including physician offices), diagnosis documented as “probable,” “suspected,” “questionable” 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. Based on Coding Clinic for ICD-9-CM 17, no.1, 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 cscreen@mvphealthcare.com or call 585-720-8127.

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-999-3920.