

Psychiatry Coding & Reimbursement Alert

Reader Question: Be Informed About Unspecified' vs. 'Other Specified' ICD-10 Difference

Question: I have seen lots of great ICD-9 to ICD-10 crosswalks, but it seems like there are some codes that don't have a bridge between the current system and the new one. Is that the case?

Montana Subscriber

Answer: The answer, unfortunately, is yes, there are some codes that do not have a direct crosswalk between the ICD-9 system and ICD-10, which will take effect on Oct. 1, 2015.

Beware: As you know, ICD-9 does not advise you to "code close" to a diagnosis code, and ICD-10 won't either. If you can't find an applicable code in ICD-10 that describes your patient's condition, you'll be forced to use an "other" or "unspecified" code and then explain the situation to your payer if necessary. Reporting an ICD-10 code that's "close" to your patient's condition does everyone a disservice, because it brands that patient with a condition he never had and looks suspicious to auditors who might think you're picking diagnosis codes that get the claim paid but don't actually match the documentation.

In black and white: "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," the Centers for Disease Control & Prevention says in its ICD-10-CM Official Guidelines for Coding and Reporting, updated earlier this year. "Codes titled 'unspecified' are for use when the information in the medical record is insufficient to assign a more specific code."

In other words, you'll use an "other specified" code when the doctor is specific in the record but no applicable code exists, and you'll use an "unspecified" code when the physician does not provide you enough information to pinpoint the correct ICD-10 code.