

## UNSPECIFIED ICD-10 CM DIAGNOSIS CODES

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. |                                   |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  | <input type="checkbox"/> Medicaid |

### Policy

**Original Effective Date: 12/1/2023**

When benefits allow, Kaiser Permanente will reimburse unspecified diagnosis codes when services are medically necessary, a more specific code cannot be utilized, and the level of billing is supported by the documentation.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

If requested, supporting documentation must be provided to avoid claim denial. Required documentation includes:

- Detailed description of the procedure or service
- Comparable diagnosis code when possible
- Supporting clinical documentation

Diagnosis codes must be coded to the highest level of specificity required for each code.

Each CPT/HCPCS code should “point” to the diagnosis code(s) that are applicable to the procedure.

### Policy Definitions

Not applicable

### Prerequisite(s)

Not applicable

### References

[FY2022 IPPS Final Rule and Unspecified Laterality Diagnosis Codes](#)

## [Improving Specificity in ICD-10 Diagnosis Coding](#)

### Frequently Asked Questions

Not applicable

### Revision History

07/17/2023 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.