

Coding Corner- Uncertain Diagnosis

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Confirming a medical diagnosis can be complex when assessing a patient. Numerous tests and face-to-face encounters with the patient may be necessary to pinpoint the primary medical condition in order to provide the correct treatment. A general coding rule is to not code diagnoses documented as “probable,” “suspected,” “questionable,” “rule out,” “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that service/encounter, such as a symptom, sign, abnormal test result, or other reason for the visit.

Questionable diagnosis differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals.

A note from the Centers for Medicare & Medicaid Services (CMS): Service/encounters listing an uncertain diagnosis should be withheld from claim submission if the documentation does not confirm the diagnosis.