HIPAA Requirements Affect Physicians/Practitioners
When a Diagnostic Test is Ordered

1. A laboratory or other provider must report on a claim for Medicare payment the diagnostic code(s) furnished by the ordering/ referring physician/practitioner.

2. In the absence of such coding information, the laboratory or other provider may determine the appropriate diagnostic code based on the ordering/referring physician/practitioner's narrative diagnostic statement or seek diagnostic information from the ordering/referring physician/practitioner.

3. If a diagnosis or narrative <u>diagnosis is not submitted</u> by the physician/practitioner, ► laboratories must request this information from the physician/practitioner who ordered the service.

HIPAA Required Coding

4. **<u>Coding When Diagnosis is Known:</u>**
Assign an ICD-9-CM code that provides ***the highest degree of accuracy and completeness.*** In the past, there has been some confusion about the meaning of "highest degree of specificity" and in "reporting the correct number of digits." In the context of ICD-9-CM coding, the ***<u>"highest degree of specificity" refers to assigning the most precise ICD-9-CM code that most fully explains the narrative description of the symptom or diagnosis.</u>***
   ● ICD-9-CM codes contain either 3, 4, or 5 digits. If a 3-digit code has a 4-digit code that further describes it, then the 3-digit code is not acceptable for claim submission. If a 4-digit code has a 5-digit code that further describes it, then the 4-digit code is not acceptable for claim submission.
   ● "Short-codes" frequently do not establish Medical Necessity

5. **<u>Coding When Diagnosis is Unknown:</u>**
Diagnoses documented as "***probable,***" "***suspected***," "***questionable***," "***rule-out***," or "***working diagnosis***" **<u>SHOULD NOT BE CODED</u>** as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit such as signs, symptoms, abnormal test results, exposure to communicable disease, or other reason for the visit.

Indiana University Health dislikes having to call you as much as you dislike being called
"Re-Work" costs both of us time and labor

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