

Claims Corner: When Your Claim has Been Denied as “Diagnosis Requires 4th or 5th Digit”

In October of each year, the International Classification of Diseases for physicians (**ICD – 9-CM**) is revised to include any additional codes as well as any code modifications for disease classification. In October of 2008, the disease classification was expanded to include health-related conditions and to provide greater specificity at the **fifth digit level of detail**. These fifth digits are not optional as they are intended for use in recording the information substantiated in the clinical record. If your office has received an Explanation of Benefits (EOB) with a denial for lack of a fourth or fifth digit, below are 10 steps to apply correct coding guidelines as listed in the **ICD – 9-CM for Physicians– Volumes 1&2**:

- 1. Identify the reason for the visit** (e.g. sign, symptom, diagnosis, condition to be coded).
- 2. Consult the Alphabetic Index, Volume 2, before turning to the Tabular List.** To prevent coding errors, use both the Alphabetical Index and the Tabular List when locating and assigning a code.
- 3. Locate the main entry term.**
The Alphabetic Index is arranged by condition. Conditions may be expressed as nouns, adjectives, and eponyms. Some conditions have multiple entries under their synonyms. Main terms are identified using boldface type.
- 4. Read and interpret any notes listed with the main term** (Notes are identified using italicized type).
- 5. Review entries for modifiers** (modifiers do not affect code assignment).
- 6. Interpret abbreviations, cross references, symbols and brackets.**
- 7. Choose a tentative code and locate it in the tabular list.**
Assign five-digit codes (fifth-digit sub classification codes) for those categories where they are available.
- 8. Determine whether the code is at the highest level of specificity.**
- 9. Consult the color coding and reimbursement prompts, including age and gender.** Consult the official ICD-9 CM guidelines for coding and reporting , and refer to the AHA’s Coding Clinic for ICD-9 CM for coding guidelines governing the use of specific codes.
- 10. Assign the code.**

Once the corrections have been made please resubmit your claim through your normal submission process promptly. If you have any questions, please do not hesitate to call Customer Service at 914.377.4400 or Provider Relations at 914.377.4477.

