

Indiana Provider Communications

Unspecified diagnosis code update

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This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).

Anthem previously communicated that as of **July 1, 2018**, we now require unspecified diagnosis codes to be used only when an established diagnosis code does not exist to describe the diagnosis for our members. Our goal is to align with ICD-10-CM requirements, using more specific diagnosis codes when available and appropriate. This includes codes that ICD-10-CM provides with laterality specifying whether the condition occurs on the left, right or is bilateral. The target effective date has been delayed for implementing the corresponding code edit. However, providers are encouraged to ensure their billing staff is aware of the required specificity in reporting ICD-10-CM diagnosis codes to prevent future denials.

Anthem will be sending out a follow-up article to inform providers of when to expect this requirement to go live and any additional details for the changes made.

<https://providernews.anthem.com/indiana/article/unspecified-diagnosis-code-update-3>

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