Use of Unspecified in ICD-10

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When sufficient clinical information is not known or is unavailable for a particular diagnosis, it is acceptable to use an unspecified diagnosis code.

- It is inappropriate to select a more specific code that is not supported by the documentation or diagnostic tests.
- If a specified diagnosis cannot be found, select the unspecified diagnosis and clarify in your documentation.
- The documentation in your H&P, Assessment and Plan, Discharge Summary should support the specificity of the diagnosis.

Scenario 1:

- There are instances in which the diagnosis cannot be further specified at the time or it is not clinically supported, e.g. the Type or Organism is not known at the time of admission.

Examples:

Pneumonia, unspecified organism – J18.9
Urinary tract infection, unspecified – N39.0

- The diagnosis should be updated as further specificity is determined by documentation or diagnostic tests:
  - On Admission: Pneumonia, unspecified organism – J18.9
  - At Discharge: Pneumonia due to streptococcus – J15.4

Scenario 2:

- There are instances in which unspecified codes are the best choices for accurately reflecting the encounter.
- In some cases two codes may be needed to fully describe a condition.

Example: Diabetic foot ulcer

- There needs to be a diagnosis entered for diabetes with foot ulcer and another code to describe the site and depth of the ulcer:
  - Type II diabetes with foot ulcer - E11.621
  - Non-pressure ulcer of left foot with fat layer exposed - L97.522

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