Uncertain Diagnosis

Any diagnosis qualified as "**probable**", "**suspected**", "**likely**", "**questionable**", "**possible**", "**still to be ruled out**", "**compatible with**", "**consistent with**", "**concern for**" or other similar terms indicating uncertainty may be coded for an **inpatient admission** as if the condition definitively existed **as long as that diagnosis is documented at the time of discharge** (i.e., **in the discharge summary**).

- If a diagnosis remains uncertain during a hospitalization, but the provider believes that potential condition warrants treatment to prevent a potentially adverse outcome, **the provider may qualify that condition as "possible" or with other similar terminology.**
  - **Ex:** "Acute blood loss anemia due to a probable upper GI bleed"
  - **Ex:** "Will add Zosyn to treat a possible aspiration pneumonia"
- ***However*****,** in order for that potential condition to be coded, **it should be listed in the discharge summary** (*with or without the uncertain qualifier*).
- If that potential condition is eventually definitively confirmed, **then drop the conditional terminology.**
- If that potential diagnosis is ultimately ruled out, state that diagnosis X is **ruled out** and **do not document that diagnosis in future notes or in the discharge summary.**

ICD-10-CM Official Guidelines for Coding and Reporting FY 2020, Page 109 of 121
AHA Coding Clinic for ICD-10-CM and ICD-10 PCS, 1Q 2018, Volume 5, Number 1, Page 18

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