

The Radiology ICD-10 Disconnect: Avoiding Coding Pitfalls in Outpatient Diagnostic Imaging

By Laura Manser, CPC, CPCO, CDEO, CEMC, CPMA, CIRCC, RCC
Director of Provider Education

Why This Matters

Radiology reports often contain rich clinical detail, including abnormalities, precise anatomy, and incidental findings. However, that level of detail does not always align with ICD-10 coding expectations, particularly in outpatient settings. This disconnect can negatively affect:

- Medical necessity and LCD/NCD adherence
- Risk adjustment accuracy
- Denials and audit risk
- Quality metric reporting

Common Coding Pitfalls

1. Suggestive Language Treated as Diagnoses

Terms like “*suggestive of*,” “*likely*,” or “*suspicious for*” appear frequently in impressions. These should not be coded as confirmed diagnoses unless clearly stated as such by the radiologist. Use symptom or abnormal finding codes instead, as outlined in **Guideline IV.H**.

Example: Radiology reads: “Findings suggestive of early pneumonia.”

✗ **J18.9 – Pneumonia, unspecified organism (too definitive)**

✓ **R91.8 – Other nonspecific abnormal finding of lung field**

2. Missed Specificity

Even when radiologists document laterality or precise anatomy, unspecified ICD-10 codes are still commonly assigned. This reduces both compliance and clinical clarity.

Reminder: **Guideline IV.F.3** requires coding to the highest level of specificity that the documentation supports.

3. Overlooking Incidental Findings

Radiologists are trained to document all findings, not just those related to the clinical indication. It is the coder’s responsibility to determine which findings are reportable based on documentation context, payer policy, and encounter relevance.

Per **Guideline IV.K**, only confirmed findings from the radiologist's interpretation should be coded. Signs and symptoms should not be added unless they are unrelated and clinically significant.

Best Practices for Coders

- Read the entire report, not just the impression
 - Code to the highest level of specificity available
 - Query providers when documentation is unclear or incomplete
 - Collaborate with radiologists to align on terminology and expectations
 - Follow ICD-10-CM outpatient guidelines consistently
-

Final Thought

Radiology coding involves more than just code assignment. It requires translating complex narrative detail into compliant, billable documentation. Coders play a critical role as the link between what is seen on the image and what is reported on the claim. With better awareness of documentation standards and a strong grasp of ICD-10-CM rules, coders can reduce denials, safeguard reimbursement, and ensure that each report tells the full story clearly and compliantly.