

## Examples of Header and Unspecified Codes

Examples:	
A010	Typhoid fever
A0100	Typhoid fever – unspecified
A0101	Typhoid fever – meningitis
A0102	Typhoid fever with heart ailment
A010xxx	Some others
A18	Tuberculosis of other organs
A180	Tuberculosis of bones and joints
A1801	Tuberculosis of spine
A1802	Tuberculosis arthritis of other joints
A1803	Tuberculosis of other bones
A1809	Other musculoskeletal tuberculosis
Z34	Encounter for supervision of normal pregnancy
Z340	Encounter for supervision of normal first pregnancy
Z3400	Encounter for supervision of normal 1st pregnancy, unspecified trimester
Z3401	Encounter for supervision of normal 1st pregnancy, 1st trimester
Z3402	Encounter for supervision of normal 1st pregnancy, 2nd trimester
Z3403	Encounter for supervision of normal 1st pregnancy, 3rd trimester
O00	Ectopic pregnancy
O000	Abdominal pregnancy
O001	Tubal pregnancy
O002	Ovarian pregnancy
O008	Other ectopic pregnancy
O009	Ectopic pregnancy, unspecified

### Header Codes

*The codes in red* above are examples of what have been identified by the CDC as header codes, which are not valid for HIPAA transactions or considered proper coding. There are about 70,000 HIPAA-valid ICD-10 codes. And there are approximately 22,000 additional header codes. Header codes require more digits to indicate the appropriate level of specificity. The increased level of specificity is expected to provide significantly better data analysis opportunities for the health-care industry.

We will deny header codes with the following CORE (Committee on Operating Rules for Information Exchange) approved messages:

*Claim Adjustment Reason Code (CARC)*

16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

*Remittance Advice Remark Code (RARC)*

M76: Missing/incomplete/**invalid diagnosis or condition.**

### Unspecified Codes

*The codes in blue* above are examples of unspecified codes. An example of an unspecified code is Ectopic Pregnancy. Code O009 is a code we'll be tracking. It's reasonable to believe the physician would know whether the ectopic pregnancy is abdominal, tubal, or ovarian, as defined by a more specific code. Unspecified codes will be flagged in our system but still paid. But if any provider routinely bills unspecified codes (becoming an outlier), then we'll deny those claims using the following CORE approved messages:

*Claim Adjustment Reason Code (CARC)*

16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

*Remittance Advice Remark Code (RARC)*

M81: You are required to code to the highest level of specificity.

**REMEMBER:** To avoid denied claims and delayed payments, you should always bill codes that meet the required level of specificity and are valid for HIPAA-covered transactions.