Step By Step Guide: AccuCare Billing

Multiple Diagnosis Codes for Claim

This reference guide shows the proper way to submit multiple diagnosis codes on a claim for a client when they have multiple diagnoses for services provided.

Considerations:

- These claims need to be submitted in the following format: 837I/UB04 (For Facility, IHS-638, Inpatient, or IOP/PHP Provider types). Diagnosis codes for this type of format are reported on the claim level and are not reported on a service level like other claim formats.
- If the client has more than two diagnosis codes that need to be reported, then the claim will need to contain more than one date of service for the client.

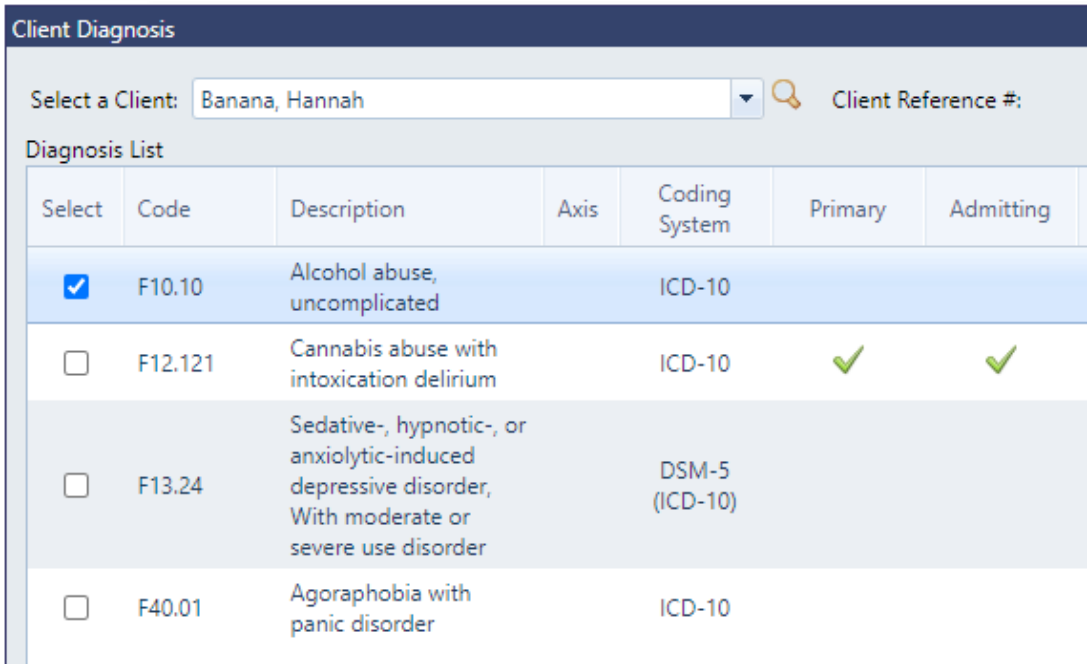
Client Diagnosis:

The first area that you will want to make sure is updated and all of the appropriate diagnosis codes are documented will be in the Client Diagnosis module.

NOTE: One of these diagnosis codes MUST be marked as the Primary and Admitting diagnosis code.

The diagnosis codes that are marked as Primary and Admitting will ALWAYS and AUTOMATICALLY be put on the claim for this client. (Even if you do not assign it to the client on the service.)

Example of a client with multiple diagnosis codes. One diagnosis code is marked as Primary and Admitting.



This means that diagnosis code F10.10 will ALWAYS and AUTOMATICALLY be presented on the claim that is submitted for this client.

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Client Billing Activity/Service Processing/Billing Transfer:

The next area that you are going to assign the additional and appropriate diagnosis codes for a client with multiple diagnosis codes is going to depend on when and where you enter the services.

1. If you use the Billing Transfer module to post your billing charges, then you can update the appropriate diagnosis codes in this module before you perform the transfer. However, once you perform the billing transfer, you can go directly into the Client Billing Activity screen to update or change the diagnosis codes that you are needing on the claim.
2. If you use the Service Processing to post your billing charges then you can enter the appropriate diagnosis codes in this module before you post the services. However, once you perform the billing transfer, you can go directly into the Client Billing Activity screen to update or change the diagnosis codes that you are needing on the claim.
3. If the services have already been posted or transferred, then you will go to the Client Billing Activity to edit, update or change the diagnosis codes.

For this reference guide, we will use the Client Billing Activity to show how the additional diagnosis codes are posted.

As stated on the previous page, in the Client Diagnosis section, the diagnosis code that is marked as Primary and Admitting in Client Diagnosis with ALWAYS and AUTOMATICALLY goes on the claim for the client.

Now we will assign the additional diagnosis codes that need to be sent on the claim by selecting the appropriate and different diagnosis codes for each date of service that will be presented on the claim.

Example:

Using the Client Example from the previous page, in the Client Diagnosis section, this client has been diagnosed with a total of four diagnosis codes. If we wanted to submit all four diagnosis codes on the patient's claim, then we will need to enter at least three dates of service and select each diagnosis code for one of the dates of service.

Edit	Client Info	Client	Type	Service	Units	Amount	Date of Service	Provider	Dx Code
		Banana, Hannah	Charge	IOP Substance Ab	3.000	$600.00	03/09/2023	Remm, Beverly	F40.01
		Banana, Hannah	Charge	IOP Substance Ab	3.000	$600.00	03/08/2023	Remm, Beverly	F13.24
		Banana, Hannah	Charge	IOP Substance Ab	3.000	$600.00	03/07/2023	Remm, Beverly	F10.10

RESULT:

The result for this client's one claim will be:

We are submitting three dates of service:
03/07/23, 03/08/23, 03/09/23

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These diagnosis codes will be on the claim for this client and these three dates of service:
F12.121, F40.01, F13.24, and F10.10.

Summary and Additional Scenarios:

The combination of diagnosis codes that you need to select will depend on the number of diagnosis codes that need to be reported and the number of dates of service that you are submitting.

- If you only have one date of service and need to submit two diagnosis codes:
  You will have one diagnosis code marked as the Primary in the Client Diagnosis and then on your service that is posted, you will select the other diagnosis code. Both diagnosis codes will be submitted on the claim.

- If you have three dates of service and need to submit two diagnosis codes:
  You will have one diagnosis code marked as the Primary in the Client Diagnosis and then on your services that are posted, you will select the other/additional diagnosis code for at least one of the dates of service and use the Primary diagnosis code for the other dates of service. OR you can use the other/additional diagnosis code for all three dates of service.

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