

There is a workaround for this issue. In some cases the diagnosis Code Pointer 2 may be checked but there is no diagnosis in the 2<sup>nd</sup> box (and in some cases in the 3<sup>rd</sup> box).

The workaround is to add the diagnosis (or diagnoses back). Then go back to the Charge HCFA Details screen and uncheck the box (not grayed out at that point), and then go back and delete the diagnosis.

Charge: CLYDE BARROW

Charge

HCFA Details

History

My Fields

10d. Claim Codes

11b. Other Claim ID

19. Additional Claim Information

24b Place of Service

(11 will be used if left blank.)

24c Type Of Service (only for OLD HCFA)

(01 will be used if left blank.)

24e Diagnosis Code Pointer

1. ☒ 300.4

2. ☒

3. ☐

4. ☐

24k Reserved For Local Use (only for old HCFA)

for

24k Reserved For Local Use (only for old HCFA)

for

24h EPSDT

EMG

24j COB (OLD HCFA ONLY)

31 Billing Provider

(Only use if Billing Provider is different from Rendering Provider listed on Charge Tab)

Service Authorization Exception Code (use when service requires authorization, but none received)

24 Supplemental CMS 1500 Info.

This client has an existing appointment for 90853 on 04/04/2014.

Goto Payment

OK

Cancel

Diagnosis

Diagnosis begins: 
 Diagnosis ends:

ICD9/DSM	ICD-10	Description	
1			✗
2			✗
3			✗
4			✗
5			✗
6			✗
7			✗
8			✗
9			✗
10		<i>Add the 2nd diagnosis (which we will delete)</i>	✗
11			✗
12			✗

Legacy DSM and ICD Coding

DSM-IV Diagnosis

Axis I

Axis II

Axis III

Axis V

ICD-9 Diagnosis:

1.  3.

2.  4.

Convert to NEW ICD/DSM Coding on left.

Charge: CLYDE BARROW

Charge

HCFA Details

History

My Fields

10d. Claim Codes

11b. Other Claim ID

19. Additional Claim Information

24b Place of Service
(11 will be used if left blank.)

24c Type Of Service (only for OLD HCFA)
(01 will be used if left blank.)

24e Diagnosis Code Pointer

1. ☒ 300.4

2. ☐ 290.0

3. ☐

4. ☐

24h EPSDT

EMG

24i COB (OLD HCFA ONLY)

31 Billing Provider

(Only use if Billing Provider is different from Rendering Provider listed on Charge Tab)

Service Authorization Exception Code (use when service requires authorization, but none received)

24 Supplemental CMS 1500 Info.

Can now "turn off" the unused diagnosis pointer

This client has an existing appointment for 90853 on 04/16/2014.

Goto Payment

OK

Cancel

Diagnosis Expert: CLYDE BARROW

Diagnosis

Diagnosis begins: 01/24/2014

Diagnosis ends: on final visit

ICD9/DSM	ICD-10	Description
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Legacy DSM and ICD Coding

DSM-IV Diagnosis

Axis I 300.4 290.0 <None>

Axis II <None> <None> <None>

Axis III <None> <None> <None>

Axis V

ICD-9 Diagnosis:

1. 300.4 3. <None>

2. <None> 4. <None>

Code

Description

290.0 SENILE DEMENTIA W/O COMPLICATIONS

290.1 PRESENILE DEMENTIA

290.10 PRESENILE DEMENTIA W/O COMPLICATIONS

290.11 PRESENILE DEMENTIA W/DELIRIUM

290.12 PRESENILE DEMENTIA W/DELUSION

290.13 PRESENILE DEMENTIA W/DEPRESSION

290.2 SENILE DEMENT W/DELUSION/DEPRESSION

Set back to None

Cancel

< Back

Next >

Finish

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
	From			To					CPT/HCPCS	MODIFIER	
	MM	DD	YY	MM	DD	YY					
1	04	16	14	04	16	14	11		90853		A
2											
3	<i>Now just showing one pointer</i>										
4											

