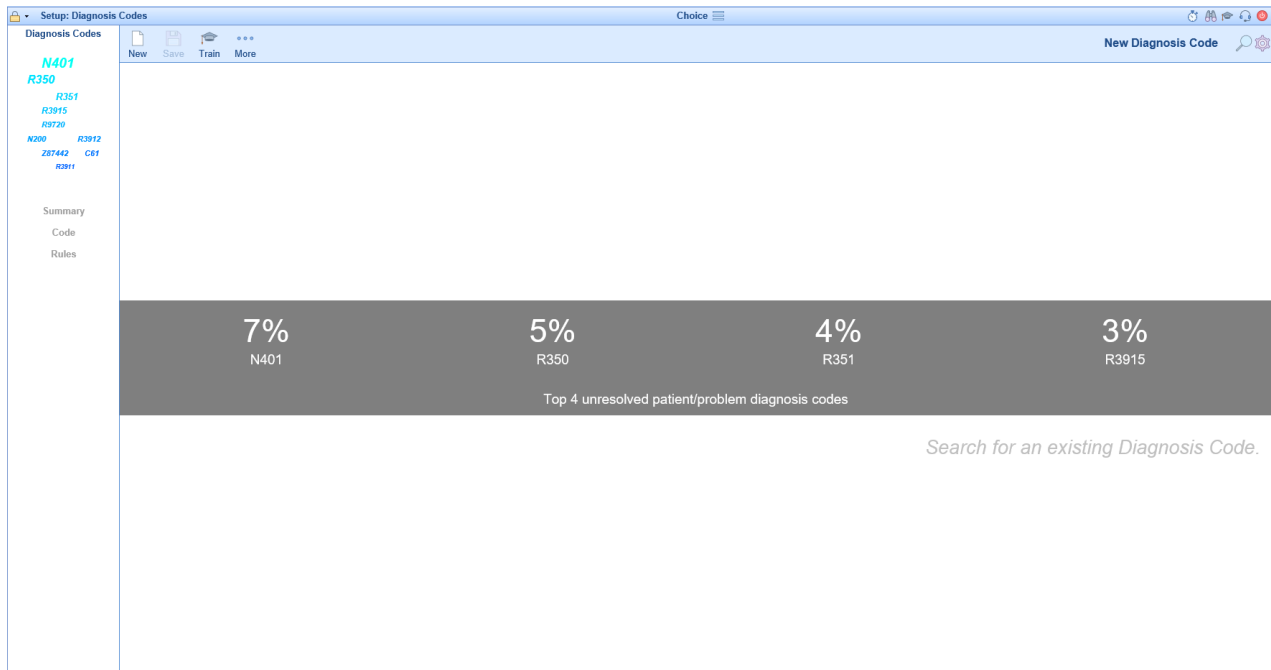


Diagnosis Code Setup

Last Modified on 08/12/2025 12:10 pm EDT

Diagnosis Overview



Diagnosis codes are the translation of written descriptions of diseases, illnesses, and injuries into codes from a particular classification. Diagnosis codes are used as part of the clinical coding process alongside procedure codes. The Diagnosis Code Search screen can be accessed by opening the Setup portal and clicking on Diagnosis Codes under Billing Setup. A user can then search for a diagnosis code and open the Diagnosis Codes Setup screen. The Diagnosis Codes Setup screen can be used to:

Add New Codes

Edit Existing Codes

Set Diagnosis Code Rules

Diagnosis Code Search Window Buttons

- **New:** Clicking the New button allows the user to Add New Codes
- **More:** Clicking the More button gives the user the options to open the Advanced Search Screen or run the Diagnosis Usage Reports
- **Search (Magnifying Glass):** Clicking the Search button opens a search box to allow the user to search for and open a diagnosis code

Diagnosis Codes Setup Screen

Diagnosis Code

Diagnosis Codes

E119

I10

R509

T8611

E039

002.0

250.60

600.20

427.31

291.4

Summary

Code

Rules

New

Save

Train

More

M2242 - Chondromalacia patellae, left knee

Rules

Billing

M2242

Gender

☐ Automatically push code to problem list from Superbill
 ☒ If checked, then this Diagnosis Code is billable
 ☐ If checked, then this Diagnosis Code is included in IHS reports
 ☒ If checked, then this Diagnosis Code is considered to be a part of the Chronic Care Management process
 ☐ If checked, then this Diagnosis Code requires prior authorization

Code Validations

Providers

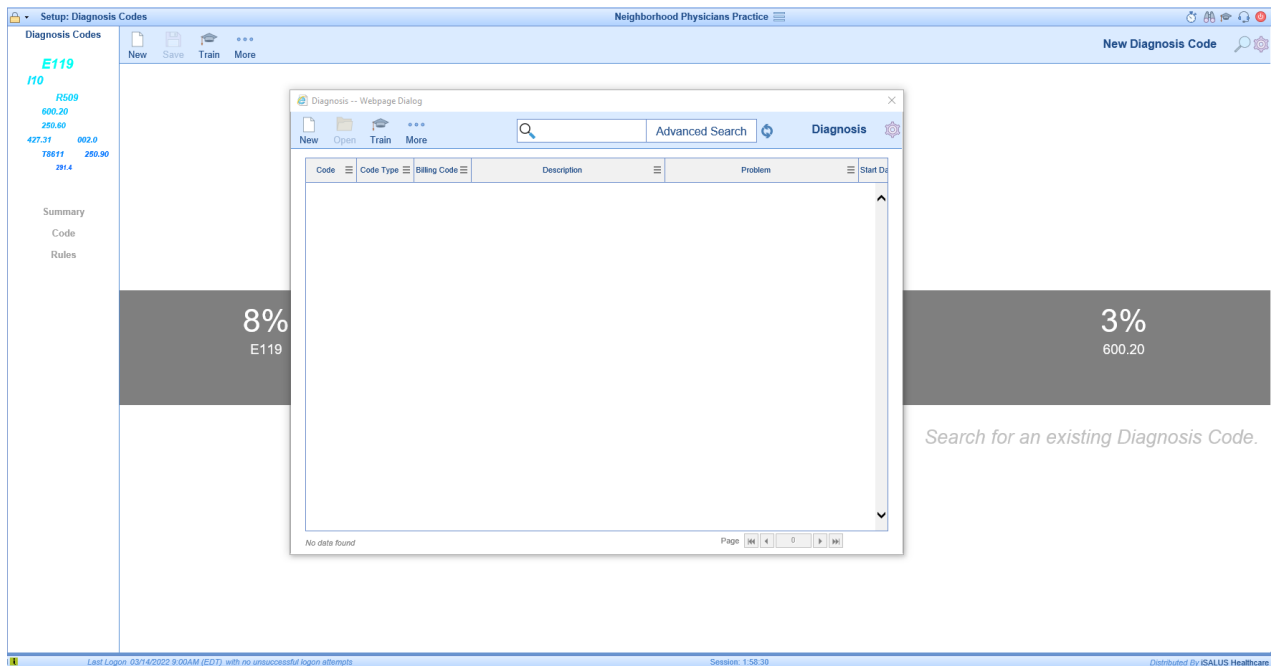
☒ N/A
 ☐ Rendering and Referring must be the same
 ☐ Rendering and Referring cannot be the same

☐ At least one of the following modifiers must be used (Add modifiers)
 ☐ None of the following modifiers can be used (Add modifiers)
 ☐ At least one of the following procedures must be used (Add procedures)
 ☐ None of the following procedures can be used (Add procedures)
 ☐ At least one of the following diagnosis must be used (Add diagnoses)
 ☐ None of the following diagnosis can be used (Add diagnoses)
 ☐ At least one of the following primary diagnosis must be used (Add primary diagnoses)
 ☐ None of the following primary diagnosis can be used (Add primary diagnoses)

Rules

The Rules tab allows the user to enter information about how the selected diagnosis code is used, reported on, and billed. This tab also allows the user to enter default values to be used when the diagnosis code is selected. This includes procedure codes, diagnosis codes and modifiers.

Diagnosis Advanced Search



The Advanced Diagnosis Search screen can be accessed from multiple locations.

- Setup > Diagnosis Codes > More
- Billing Portal > Setup Screens option on toolbar > Dx Codes

Fields

- **Code:** The code value associated with the diagnosis code.
- **Code Type:** The code type associated with the diagnosis code.
- **Billing Code:** The code that will be used on claims for the associated diagnosis code.
- **Description:** The description of the associated diagnosis code.
- **Problem:** The problem description of the associated diagnosis code.
- **Start Date:** The start date associated with the diagnosis code.
- **End Date:** The end date associated with the diagnosis code.

Additional Field Options

- **Create Date:** The creation date of the associated diagnosis code.
- **User Id:** The user id that created the associated diagnosis code.
- **Gender:** The gender requirement for the associated diagnosis code.
- **Problem List Ind:** Indicates the associated diagnosis code to appear on the problem list.
- **Active:** The active status of the associated diagnosis code.
- **Billable:** Indicates if the associated code is to appear on claims.
- **Included in IHS:** Indicates if the associated code is to be included in the IHS process.
- **Included in CCM:** Indicates if the associated code is to be included in the CCM process.

Diagnosis Code Rules

The Rules tab allows customization to include or exclude modifiers, procedures and diagnoses for claim validation.

The Diagnosis screen can be accessed from multiple locations.

- Setup > Billing Setup> Diagnosis Codes
- Billing Portal > Setup Screens option on toolbar > Diagnosis

With the diagnosis code open, navigate to the Rules tab.

The screenshot shows the 'Diagnosis Code' window with the 'Rules' tab selected. The left sidebar lists various diagnosis codes, with 'M2242' highlighted. The main area displays the 'Rules' configuration for 'M2242 - Chondromalacia patellae, left knee'. The 'Billing' field is set to 'M2242' and the 'Gender' field is set to a dropdown menu. Below these fields are several checkboxes for rule configuration: 'Automatically push code to problem list from Superbill' (unchecked), 'If checked, then this Diagnosis Code is billable' (checked), 'If checked, then this Diagnosis Code is included in IHS reports' (unchecked), 'If checked, then this Diagnosis Code is considered to be a part of the Chronic Care Management process' (checked), and 'If checked, then this Diagnosis Code requires prior authorization' (unchecked). The 'Code Validations' section has three radio buttons: 'Providers' (selected), 'Rendering and Referring must be the same' (unchecked), and 'Rendering and Referring cannot be the same' (unchecked). Below these are eight checkboxes for validation rules, each with a corresponding blue text link to add modifiers, procedures, or diagnoses: 'At least one of the following modifiers must be used', 'None of the following modifiers can be used', 'At least one of the following procedures must be used', 'None of the following procedures can be used', 'At least one of the following diagnosis must be used', 'None of the following diagnosis can be used', 'At least one of the following primary diagnosis must be used', and 'None of the following primary diagnosis can be used'.

Code Validations

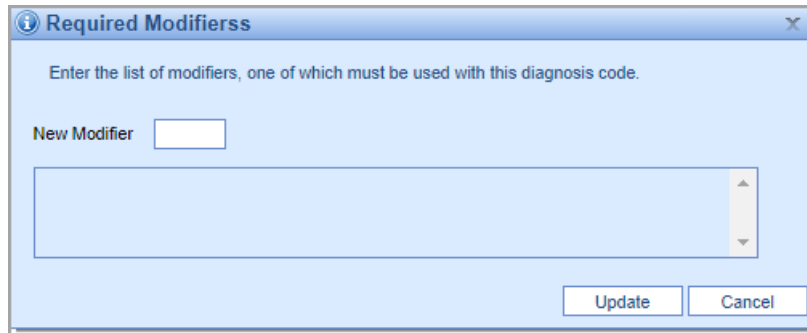
Providers - Select one of the following options:

- N/A (by Default)
- Rendering and Referring must be the same
- Rendering and Referring cannot be the same

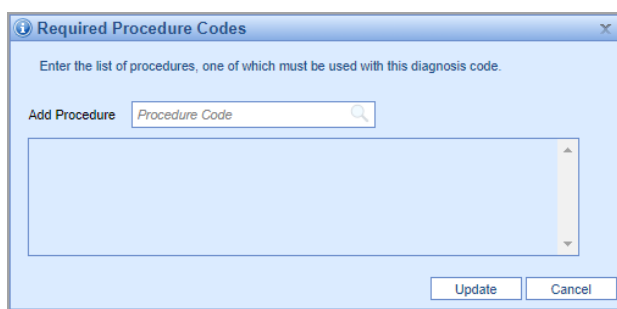
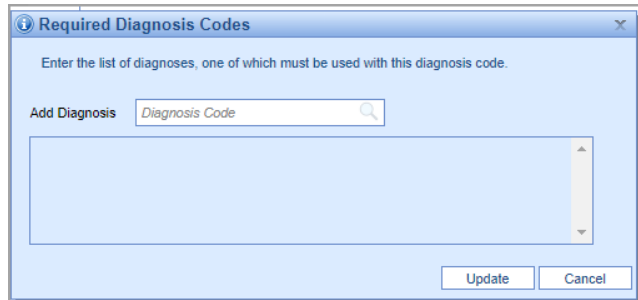
The remaining validators can be utilized as needed by checking the associated box and entering the appropriate modifier, procedure or diagnosis.

- Check the box next to the Code Validation to begin setup
- Select the blue text to the right to add the appropriate qualifier (modifier, procedure, diagnosis)

When adding a modifier users will type in the modifier then select Update. Modifiers aren't searchable.

A screenshot of a software dialog box titled "Required Modifiers". It contains a text area for entering a list of modifiers, with a note stating "Enter the list of modifiers, one of which must be used with this diagnosis code." Below the text area is a "New Modifier" label followed by a small input field. At the bottom right are "Update" and "Cancel" buttons.

Procedure and Diagnosis codes are searchable by clicking the magnifying glass.

A screenshot of a software dialog box titled "Required Procedure Codes". It contains a text area for entering a list of procedures, with a note stating "Enter the list of procedures, one of which must be used with this diagnosis code." Above the text area is an "Add Procedure" label followed by a search input field with a magnifying glass icon. At the bottom right are "Update" and "Cancel" buttons.A screenshot of a software dialog box titled "Required Diagnosis Codes". It contains a text area for entering a list of diagnoses, with a note stating "Enter the list of diagnoses, one of which must be used with this diagnosis code." Above the text area is an "Add Diagnosis" label followed by a search input field with a magnifying glass icon. At the bottom right are "Update" and "Cancel" buttons.

Company Settings

There are Company Settings that run claim validations for these Diagnosis Code Rules. These will need to be set to "Yes" in order to enable the setting within the Diagnosis Code setup and enable the diagnosis code rule validation on the claim. These setting can be found under the Diagnosis Code Setup window under the gear icon under Setup.

- Check diagnosis rendering/referring provider - If checked, check claim diagnoses rendering/referring provider combination
- Check diagnosis required diagnoses - If checked, check claim diagnoses for required diagnoses
- Check diagnosis required modifiers - If checked, check claim diagnoses for required modifiers
- Check diagnosis required primary diagnoses - If checked, check claim diagnoses for required primary diagnoses
- Check diagnosis required procedures - If checked, check claim diagnoses for required procedures
- Check diagnosis restricted diagnoses - If checked, check claim diagnoses for restricted diagnoses
- Check diagnosis restricted modifiers - If checked, check claim diagnoses for restricted modifiers
- Check diagnosis restricted primary diagnoses - If checked, check claim diagnoses for restricted primary diagnoses
- Check diagnosis restricted procedures - If checked, check claim diagnoses for restricted procedures

Company Settings for Claim Validation Rules

Claim Validation Rules (CARUL)

Groups

- Company Setting
- Miscellaneous (1)
- Authorization (1)
- Authorization (Primary) (10)
- Authorization (Secondary) (10)
- Authorization (Tertiary) (10)
- Claim (3)
- Diagnosis (18)**
- Entities (5)
- Insurance (5)
- Payments (4)
- Procedure (20)
- Procedure (Special Codes) (11)

Settings

Setting	Value	Setting ID
Check for missing/invalid ICD codes	<input checked="" type="checkbox"/>	#13
Missing/Invalid ICD Code Checked is Yes/True. Unchecked is No/False		
Check for Duplicate Procedure and/or ICD codes	<input checked="" type="checkbox"/>	#22
Check for Duplicate Procedure (based on Claim ID and DOS) and/or Diagnosis codes (by line) Checked is Yes/True. Unchecked is No/False		
Check Claim Healthcare Information codes	<input checked="" type="checkbox"/>	#57
Invalid ICD code within claim Health Care Information Checked is Yes/True. Unchecked is No/False		

Buttons: Refresh, Close

Diagnosis Code Rules Override

Override options for rules on a Payer, Financial Class, Rendering Provider and Service Location level are available under More > Diagnosis Code Rules Override. This can be used to override any Diagnosis Code Rules that have been setup but need to follow a different logic for a specific one off scenario.

The Advanced Diagnosis Search screen can be accessed from multiple locations.

- Setup > Diagnosis Codes > More
- Billing Portal > Setup Screens option on toolbar > Dx Codes

With the diagnosis code open, navigate to the More button on the toolbar and select Diagnosis Codes Rules Override.

Setup: Diagnosis Codes

Diagnosis Codes

250.00
110
E119
00.00
401.9
250.02
F419
N200
J0190

Rules

Billing:

Gender:

☐ Automatically push code

More

- Advanced Search
- Primary Diagnosis Usage
- Problem Diagnosis Usage
- Diagnosis Codes Rules Override**

Override Screen

The screenshot shows the 'Setup: Diagnosis Codes' interface. On the left, there's a sidebar with 'Diagnosis Codes' and a list of codes including 250.00, I10, E119, 00.00, 401.9, 250.02, F419, N200, J0190, and J209. The main area is titled 'Diagnosis Code Rules Override' and contains a table with columns: Financial Class, Payer Name, Rendering Provider, and Service Location. The table has two rows: 'Cigna' and 'Medicare'. An 'Add Diagnosis Rules Override' dialog box is open in the center, with fields for Financial Class, Payer Name, Rendering Provider, and Service Location. At the bottom of the dialog are 'Save' and 'Cancel' buttons. Below the table, there's a note: 'All changes to provider credentials will immediately take effect.' and buttons for 'Remove' and 'New'.

- **Financial Class:** The financial class to override
- **Payer Name:** Payer to override
- **Rendering Provider:** The rendering provider to override
- **Service Location:** Service location to override

Once the above items are added, select save. Click on the line to make further selections, "Remove" to delete changes or "New" to add additional overrides for the selected Diagnosis Code.

The screenshot shows the 'Diagnosis Code Rule Overrides' table. It has four columns: Financial Class, Payer Name, Rendering Provider, and Service Location. The first row is highlighted in yellow and contains the text 'Medicare' in the Financial Class column and 'Railroad Medicare - Palmetto Gba' in the Payer Name column. Below the table are 'Remove' and 'New' buttons.

The Rules screen will then be presented for setup.

Diagnosis Code Rule Overrides



Financial Class: Medicare

Payer: Railroad Medicare - Palmetto Gba

Rendering Provider: Not Selected

Service Location: Not Selected

Diagnosis Rules

☐ If checked, then this Diagnosis Code requires prior authorization

Providers ☒ N/A ☐ Rendering and Referring must be the same ☐ Rendering and Referring cannot be the same

☐ At least one of the following modifiers must be used [\(Add modifiers\)](#)

☐ None of the following modifiers can be used [\(Add modifiers\)](#)

☐ At least one of the following procedures must be used [\(Add procedures\)](#)

☐ None of the following procedures can be used [\(Add procedures\)](#)

☐ At least one of the following diagnosis must be used [\(Add diagnoses\)](#)

☐ None of the following diagnosis can be used [\(Add diagnoses\)](#)

☐ At least one of the following primary diagnosis must be used [\(Add primary diagnoses\)](#)

☐ None of the following primary diagnosis can be used [\(Add primary diagnoses\)](#)

[Save](#)

[Cancel](#)