

Diagnosis Code Rules

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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 'E119' highlighted. The main area displays the title 'M2242 - Chondromalacia patellae, left knee' and a toolbar with 'New', 'Save', 'Train', and 'More' buttons. Below the toolbar, the 'Rules' section contains several checkboxes for configuring the code's behavior. The 'Code Validations' section includes radio buttons for 'Providers' and a list of validation rules with associated action links.

Code	Amount
002.0	250.60
600.20	427.31
291.4	

Summary

Code

Rules

Rules

Billing:

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)

Code Validations

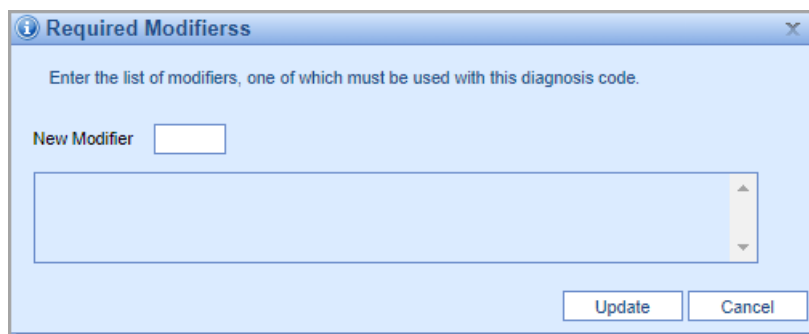
Providers - Select one of the following options:

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

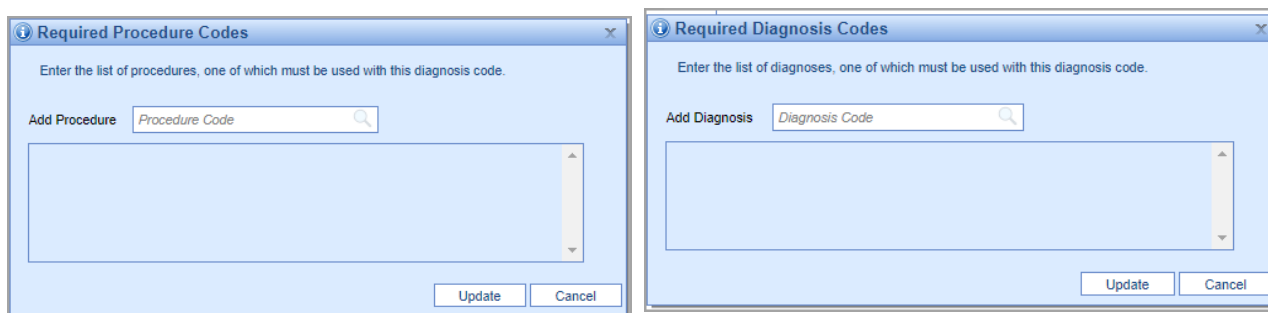
The remaining validators can be utilized as needed by checking the associated box and entering the appropriate modifier, procedure or diagnosis.

- 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 input field labeled "New Modifier" and a larger list box below it. At the bottom right, there are "Update" and "Cancel" buttons. The dialog box has a blue header bar with a close button (X) in the top right corner.

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

Two side-by-side screenshots of software dialog boxes. The left dialog box is titled "Required Procedure Codes" and features a search input field labeled "Add Procedure" with a magnifying glass icon. The right dialog box is titled "Required Diagnosis Codes" and features a search input field labeled "Add Diagnosis" with a magnifying glass icon. Both dialog boxes have a list box below the search field and "Update" and "Cancel" buttons at the bottom right. Both have blue header bars with close buttons (X) in the top right corner.

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

Check for missing/invalid ICD codes

#13

Value

☒

Missing/Invalid ICD Code

Checked is Yes/True. Unchecked is No/False

Setting

Check for Duplicate Procedure and/or ICD codes

#22

Value

☒

Check for Duplicate Procedure (based on Claim ID and DOS) and/or Diagnosis codes (by line)

Checked is Yes/True. Unchecked is No/False

Setting

Check Claim Healthcare Information codes

#57

Value

☒

Invalid ICD code within claim Health Care Information

Checked is Yes/True. Unchecked is No/False

Refresh

Close