
PROFESSIONAL CLAIM DIAGNOSIS REPORTING

THE PRINCIPLE

The HIPAA-mandated ANSI 837P format allows for the reporting of up to eight diagnosis codes on a claim, although the CMS-1500 claim form allows for only four diagnosis codes in block 21. This disparity calls for a remedy.

It is important to note that the Center for Medicare and Medicaid Services (CMS) recognizes that the Medicare Carrier standard system uses only the first four diagnoses when processing claims in the HIPAA format, even when eight are presented. CMS has instructed contractors to update their systems to accept up to eight diagnoses by July 1, 2007.

THE PROCESS

Xpeditor presents a visual representation of the CMS-1500 form to display claim data, although claims are transmitted electronically to payers in the ANSI 837P format. To add synergy to the equation, Quadax has taken liberty to modify the on-screen presentation to display additional ANSI 837 data elements where appropriate.

When an 837P is provided as input to Xpeditor and the claims included in the file contain more than four diagnosis codes, the "extra" four codes will be stored within Xpeditor's SQL database, and displayed in four additional fields displayed as part of block 21.

On charge detail lines, the CMS-1500 form allows for "pointers" to be associated with the procedure identified. However, the ANSI 837P format only allows for up to four pointers per procedure, yielding another perceived disparity. Although it appears that eight codes can be listed for the claim, a maximum of four can be indicated for each procedure.

Within Xpeditor, four diagnosis fields are shown on each detail line, taking the place of the diagnosis pointer field. These diagnoses fields are then valued with the actual codes that were defined by the pointers.

Should an improperly-formatted file be loaded into Xpeditor, so that more than four pointers are listed for a procedure, Xpeditor will interpret the first four, loading the ICD-9-CM code into the four detail line diagnosis fields.

When the 837P for submission to payers is produced, it is formatted such that the pointers can be numbers between one (1) and eight (8), but in keeping with ANSI specifications, there is a maximum of only four pointers per service line.