Submission of All Pertinent Diagnoses

AvMed is striving to improve collection of critical data to ensure we have complete, valid records of our Members’ care history. Using CPT and diagnosis codes for billing and reporting patient conditions for HCC capture and risk coding is industry standard. Some electronic practice management systems have limitations preventing the submission of more than 12 diagnoses codes (in most cases) on the HCFA Claim form in Box 21. Complicating matters even further, In some cases, EDI format for clearing house data exchange limits each CPT code to four diagnoses. When there are more than four diagnoses (for those with this limitation), as well as, more than 12 diagnoses and only one billable procedure code, AvMed requires the use of an additional CPT code to capture all critical diagnosis codes. Although there is no remuneration for the CPT code, this process is considered best industry practice for HCC capture. Instructions below provide a solution to submitting multiple diagnoses codes.

Instructions

1. Use Box 21 (A-L) of the HCFA claim form to include all appropriate diagnoses codes.
2. Use Box 24 to include service lines with a diagnosis pointer referencing codes in Box 21.
   To capture more than four or 12 diagnoses, additional procedure codes can be included. Use the procedure codes listed below (see example). Repeat as necessary for additional diagnosis codes.
   - Use same date of service as entered in box 21
   - Use same place of service as entered in box 21
   - Use any of the following procedure codes:
     99487
     99358
     99499 w/modifier XU
     99499 w/modifier SC
     99499 w/modifier UF
     99499 w/modifier UG
     99499 w/modifier UH

   - Point to the corresponding diagnosis in Box 21 as described above for additional diagnosis codes not captured on the original service line.
   - Charges should be $0.01, however, if your software requires a dollar amount $1.00 is preferred.

See billing examples on the following page and attached sample claims.
**Example 1:**

*(HCFA Box 21 A-L)* Diagnosis or Nature of Illness or Injury when unable to bill more than four diagnoses at a time.

A. 381.81  B. 381.02  C. 478.19  D. 259.4  
E. 250.03  F. 719.43  G. _____  H. _____  
I. _____  J. _____  K. _____  L. _____

**HCFA Box 24:**

<table>
<thead>
<tr>
<th>Dates of Service</th>
<th>Place Of Service</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Diagnosis Pointer (24e)</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/01/17</td>
<td>11</td>
<td>99212</td>
<td>A B C D</td>
<td></td>
<td>$150.00</td>
</tr>
<tr>
<td>09/01/17</td>
<td>11</td>
<td>99487</td>
<td>E F</td>
<td></td>
<td>$0.01</td>
</tr>
</tbody>
</table>

**Example 2:**

*(HCFA Box 21 A-L)* Diagnosis or Nature of Illness or Injury  (This example demonstrates billing more than 12 diagnoses at a time)

A. 381.81  B. 381.02  C. 478.19  D. 259.4  
E. 250.03  F. 719.43  G. 781.6  H. 250.00  
I. 719.47  J. 719.46  K. 719.48  L. F1010  
M. F19.280  N. F19.931

**HCFA Box 24:**

<table>
<thead>
<tr>
<th>Dates Of Service</th>
<th>Place Of Service</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Diagnosis Pointer (24e)</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
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<td>11</td>
<td>99212</td>
<td>A B C D</td>
<td></td>
<td>$200.00</td>
</tr>
<tr>
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<td>11</td>
<td>99499</td>
<td>XU</td>
<td>E F G H</td>
<td>$0.01</td>
</tr>
<tr>
<td>09/15/17</td>
<td>11</td>
<td>99499</td>
<td>SC</td>
<td>I J K L</td>
<td>$0.01</td>
</tr>
<tr>
<td>09/15/17</td>
<td>11</td>
<td>99499</td>
<td>UG</td>
<td>M N</td>
<td>$0.01</td>
</tr>
</tbody>
</table>

**Electronic Submissions for Previously Processed Claims**

To enter additional diagnosis codes for claims previously submitted electronically, please use HCFA Claim Type Indicator on the CLM05-3 segment of loop 2300 (claim level) value 1 (regular). Do not submit the claim electronically as a corrected claim. For questions regarding this billing initiative, please contact the Provider Service center at (800) 452-8633.

We appreciate your continued participation and the quality of care you bring to our members.
### HEALTH INSURANCE CLAIM FORM

**Submitter:** AVMED

**Claimant:** SMITH, JOHN

**Address:** ABC STREET

**State:** FL

**ZIP Code:** 33333

**Date:** Feb/2018

**Purpose:** Submission of Additional Diagnoses

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**Diagnosis Information:**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
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<tbody>
<tr>
<td>381.81</td>
<td>381.02</td>
<td>418.19</td>
<td>259.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
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**Services:**

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<th>09</th>
<th>01</th>
<th>17</th>
<th>11</th>
<th>19212</th>
<th>A, B, C, D</th>
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</thead>
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<td>06</td>
<td>01</td>
<td>17</td>
<td>11</td>
<td>39487</td>
<td>E, F</td>
</tr>
</tbody>
</table>

**Provider Information:**

| 150 | 00 | 1 |

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**AVMED DOCTOR**

**AVMED**

**City, FL:** 33333

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**Notes:**

- Valid claim form with all necessary sections filled out.
- Medical codes and services clearly listed for submission.
- Provider information indicates standard practice for submitting claims.

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**Reference:**

- AvMed Submission of Additional Diagnoses doc.
- Page | 3
- Feb/2018