

What are Diagnosis Pointers?

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Diagnosis Pointers

Diagnostic coding (ICD-10) translates written descriptions of diseases, illnesses, and injuries into codes from a particular classification. In medical classification, diagnosis codes are used as part of the clinical coding process alongside intervention codes.

Diagnosis pointers are used to link the Diagnosis code to a specific CPT/procedure performed.

There are two ways that you can link a Diagnosis code (ICD-10) to a CPT in DrChrono, one on the **Billing detail** screen and the other through the **Schedule calendar**. Please follow the steps outlined below.

Option 1: To link a Diagnosis code to a CPT on the Billing detail screen:

1. Hover your cursor on **Billing > Live Claims Feed**.
2. Click on the appointment and it will take you to the **Billing Detail Screen**.

<input type="checkbox"/>	Info	Claim ID	Patient	Date of Service	Office	Provider	Billing Provider	Billed
								Totals: \$415.00
<input type="checkbox"/>		31702020		6/22/2016 06:45PM	Primary Office			\$0.00
<input type="checkbox"/>		31701804		6/21/2016	Primary			\$0.00

3. Enter the ICD-10 codes and CPT codes on the appointment.

Code/Check Date	Description	Mods/Posted Date	Service Date	EPSDT	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type		
								Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Submitted
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	From date	To date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="button" value="+ Add Line Item"/>		<input type="button" value="x Delete Selected"/>														<input type="button" value="Reparse ERA"/>	<input type="button" value="Claim Info"/>	<input type="button" value="Verify & Save"/>

#	ICD-10	Description
	<input type="text" value="Add ICD-10 code"/>	
No ICD-10 codes found for this appointment.		

4. You will be able to link a maximum of 4 primary Dx codes to one CPT as per CMS guidelines and can use a total of 12 Dx codes on an appointment.

5. To link a Dx code to a particular CPT enter the position of the Dx on the Dx Pointers field corresponding to that CPT as mentioned in the below screenshot.

The screenshot displays a medical billing interface. At the top, there is a section for ICD-10 codes with a search bar labeled 'Add ICD-10 code'. Below this, two codes are listed: '1 Z00.8 Encounter for other general examination' and '2 M54.5 Low back pain'. Each code has a red 'X' icon to its right. Below the ICD-10 section is a section for ICD-9 codes with a search bar labeled 'Add ICD-9 code' and a message: 'No ICD-9 codes found for this appointment.' At the bottom, there is a table with columns: Code/Check Date, Description, Mods/Posted Date, Service Date, EPSDT, Qty/Min, Dx Pointers, and Price. A red arrow points to the 'Dx Pointers' column. Below the table, there is a 'Totals:' row and a row of input fields for various values, including '1.00', '1', '0', '0', '0', and '0'.

Option 2: To link a Diagnosis code to a CPT through a schedule calendar:

1. On Schedule > Calendar

2. Click on the appointment > **Billing Tab**.

The screenshot shows a medical billing interface with a 'Billing Tab' highlighted in red. The interface includes tabs for 'Appointment', 'Billing', 'Vitals', 'Revisions', and 'Eligibility'. Below the tabs, there is a checkbox for 'Institutional Claim' and a 'Billing Status' dropdown menu.

3. Enter the ICD-10 codes and CPT codes on the appointment.

4. To link a Dx code to a particular CPT enter the position of the Dx on the Dx Pointers field corresponding to that CPT as mentioned in the screenshot.

The screenshot displays two main sections: ICD-10 Codes and CPT Codes.

ICD-10 Codes Section:

- Header: **ICD-10 Codes** with a dropdown menu labeled "Find Diagnosis codes".
- Instruction: "Enter the Dx codes and select from the dropdown." with an arrow pointing to the dropdown.
- Table:

#	Code	Description	
1	A01.1	Paratyphoid fever A	✗
2	A19.0	Acute miliary tuberculosis of a single specified site	✗
3	A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	✗
- Below the table are sections for "NDC Codes" and "Custom Codes", each with a "Find" dropdown.

CPT Codes Section:

- Header: **CPT Codes** with a dropdown menu labeled "Find CPT Procedure codes".
- Instruction: "Enter the CPT codes and select from the dropdown" with an arrow pointing to the dropdown.
- Table:

Code	Description	Price (\$)	
1 99213	OFFICE/OUTPATIENT VISIT EST	210.00	✗
2 99214	OFFICE/OUTPATIENT VISIT EST	0	✗
- Below the table are sections for "NDC Codes" and "HCPCS Codes", each with a "Find" dropdown.
- Form fields for each CPT code include:
 - Allowed: \$0.00
 - Modifiers: four dropdown menus
 - Quantity/Minutes: 1
 - Diagnosis Pointers: 1:2:3:0 (for 99213) and 1:2:0:0 (for 99214)
- Annotation: A red box around the "Diagnosis Pointers" field for 99213 has an arrow pointing to it with the text: "Enter the position of the code that you need to link to a CPT."

5. Click on Save.

Limit on diagnosis codes transmitted:

The first 12 diagnoses entered will be transmitted to the payer on the patient's claim. You can enter additional diagnosis codes if they apply, however, only the first 12 will be transmitted.