

What are Diagnosis Pointers?

Last modified on 10/30/2024 10:15 am EDT

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. Select the date of service and it will take you to the Billing Detail Screen.

<input type="checkbox"/>	Info	Claim ID	Patient	Date of Service	Office	Provider
<input type="checkbox"/>		324585058	Jenny (Jen) Harris	10/08/2024 09:45AM	Primary Office	

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

Line items transactions

Patient does not have unallocated payment Appt. does not have unallocated payment

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

<input type="checkbox"/>	Code/Check Date	Description	Mods/Posted Date	Service Date ?	EPSDT	Qty/Min	Dx Pointers
							Totals:
<input type="checkbox"/>	U	<input type="text"/>	<input type="text"/>	From date	To date	<input type="checkbox"/>	1.00 1 0 0 0

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.

Line items transactions

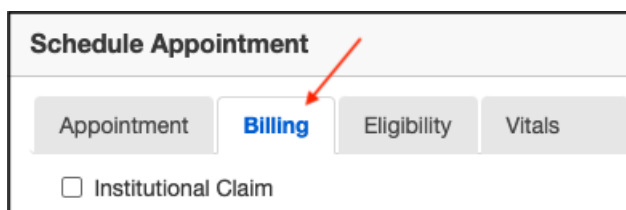
Patient does not have unallocated payment Appt. does not have unallocated payment

#	ICD-10	Description	
	<input type="text" value="Add ICD-10 code"/>		
1	Z00.8	Encounter for other general examination	<input type="button" value="x"/>
2	M54.50	Low back pain, unspecified	<input type="button" value="x"/>

<input type="checkbox"/>	Code/Check Date	Description	Mods/Posted Date	Service Date ?	EPSDT	Qty/Min	Dx Pointers
							Totals:
<input type="checkbox"/>	C 99213		<input type="text"/>	From date	To date	<input type="checkbox"/>	1.00 2 1 0 0

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

1. Navigate to **Schedule > Calendar**
2. Select the appointment and then select the **Billing Tab**.



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 a form for entering codes. It is divided into four main sections:

- ICD-10 Codes:** A search box 'Find Diagnosis codes' and a table with columns '#', 'Code', 'Description', and a red 'x' icon. Two entries are shown: 1 Z00.8 Encounter for other general examination and 2 M54.50 Low back pain, unspecified.
- ICD-9 Codes to Convert:** A search box 'Find Diagnosis codes' and a table with columns '#', 'Code', and 'Description'.
- CPT and HCPCS Codes:** A search box 'Find CPT/HCPCS codes' and a table with columns 'Type', 'Code', 'Description', and 'Price (\$)'. One entry is shown: CPT 1 99213 OFFICE O/P EST LOW 20 MIN with a price of 150.00. Below the table are fields for 'Modifiers' (four dropdown menus), 'Quantity/Minutes' (input field with '1.00'), and 'Diagnosis Pointers' (input field with '2:1:0:0'). A red arrow points to the 'Diagnosis Pointers' field.
- NDC Codes:** A search box 'Find NDC Codes' and a table with columns 'NDC Code', 'Quantity', 'Units', and 'Line Item'.
- Custom Codes:** A search box 'Find Custom Procedure codes' and a table with columns 'Code', 'Description', and 'Price (\$)'. This section is currently empty.

5. Select **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.
