Codify
BY AAPC

Eli's Rehab Report

Reader Question: One Diagnosis Code Per Modality?

Question: A therapist in our practice was told that we can use only one diagnosis code per modality code billed. Is this correct?

Georgia Subscriber

Answer: No, this is incorrect. Insurers normally expect practices to be as specific as possible in their diagnosis coding, so be sure to include all applicable ICD-9 codes on your claims.

For instance, if you perform therapeutic exercises (97110) to treat a patient with osteoarthritis of the left knee and tendinitis of the left achilles, you would include both 726.71 for the tendinitis and 715.96 for the arthritis. The HCFA 1500 form allows you to enter four diagnoses, and the UB-92 form leaves space for nine diagnoses, so you should use as many spaces as needed.

The first diagnosis you list will often be perceived by payer computer systems as the most serious, so you should first list the diagnosis that most required the treatment, followed by the patient's less-serious condition.

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