

Chiropractic Coding & Compliance Alert

You Be the Coder: Just How Many Diagnoses Would Be Enough For a Claim?

Question: We have primary diagnosis codes and secondary diagnoses codes that, when present, should be mentioned to help prove medical necessity of the procedure performed. Do we need to populate each of the 12 spaces available on the form for diagnoses?

Arizona Subscriber

Answer: Yes, you are right about the mention of secondary diagnoses as they help you justify your decision to choose that specific procedure to perform. However, there is not a distinct number of diagnoses mandatory for a claim submission. Use the appropriate number of diagnoses, as you assessed, to fully support the services rendered to the patient.

You can code as many or few as you want as long as you code correctly. You may have claims where you might have to print a second page for the additional codes (for examples five regions plus lots of muscle and extremities), yet other times you may have claims that need only four codes (such as when treating only two regions).