Diagnosis Code - Item 24E CMS-1500 Claim Form

Item 24E of the CMS-1500 claim form is a one (1) character field used to point or relate the diagnosis indicated in item 21 to the specific procedure billed. CMS provides specific instructions for completion of this item.

Enter the diagnosis code reference number (1, or 2, or 3, or 4) from item 21 that relates the procedures performed to the primary diagnosis. Enter only one reference number per line item. When multiple services are performed, enter the primary reference number for each service.

Although the 1500 instructions state up to four (4) diagnoses can be submitted on a CMS-1500 form, effective July 1, 2007 CR 5441 allows providers to bill up to eight (8) diagnoses on a claim.

If a situation arises where two or more diagnoses are required for a procedure code (e.g., pap smears), you must reference ***only one*** of the diagnoses in item 21. Other diagnosis's indicated in Item 21 will be reviewed for further medical necessity.

Note:
The use of the word 'all' or anything other than 1, 2, 3, 4, 5 ,6 , 7 ,8 in Item 24e, will result in the claim being returned as unprocessable**.**

2/14/2008