

TrailBlazer Health Enterprises, LLC

CMS-1500 Claim Form Item 21 Billing Example

Effective July 1, 2007, the Part B standard and the carrier claims processing systems will capture and process up to eight diagnosis codes on all claims (both paper and electronic). Item 21 should appear as follows:

Item 21 – Enter the patient’s diagnosis/condition. With the exception of claims submitted by ambulance suppliers (specialty type 59), all physician and non-physician specialties (i.e., Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA)) shall use an ICD-9-CM code and code to the highest level of specificity for that date of service. Enter up to eight diagnosis codes in priority order (primary, secondary condition).

Paper Example:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)			
1. 7890	5. 7806	3. 84219	7. 3794
2. 7038	6. 98488	4. 79417	8. 3801

Electronic Example:

Loop 2300/HI101-02 (BK)	Principal Diagnosis
Loop 2300/HI102-02 (BK)	2 nd Diagnosis Code
Loop 2300/HI103-02 (BK)	3 rd Diagnosis Code
Loop 2300/HI104-02 (BK)	4 th Diagnosis Code
Loop 2300/HI105-02 (BK)	5 th Diagnosis Code
Loop 2300/HI106-02 (BK)	6 th Diagnosis Code
Loop 2300/HI107-02 (BK)	7 th Diagnosis Code
Loop 2300/HI108-02 (BK)	8 th Diagnosis Code