

Section 18 - Diagnosis Codes



SECTION 18 - DIAGNOSIS CODES

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The diagnosis code is a required field and the accuracy of the code that describes the patient's condition is important.

The diagnosis code *must* be entered on the claim form exactly as it appears in the ICD-9-CM. Note that the appropriate code(s) may be three, four or five digits, depending upon the patient's diagnosis. The fourth and fifth digits give greater detail or specificity, and *must* be used as applicable to the patient's diagnosis(es) when available.

Diagnosis codes are *not* included in this section. Claims may be denied if a three digit code is used. The ICD-9-CM may require a fourth or fifth digit. The ICD-9-CM (Volume I) should be used as a guide in the selection of the appropriate three, four, or five digit diagnosis code. The ICD-9-CM may be purchased in softbound or binder. The binder contains all three volumes, which are:

Volume 1: Diseases: Tabular List

Volume 2: Diseases: Alphabetic Index

Volume 3: Procedures: Tabular List and Alphabetic Index

Additional information regarding the ICD-9 CM may be found at www.cdc.gov/nchs/icd9.htm.

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