



Entering Diagnosis Pointers on the Claim Form

Enter ICD-10 codes conditions captured by the medical record on lines A-L and relate them to lines of service in Box 24E by the letter of the line. The primary reference letter for each service should be listed first, followed by others letters, if applicable.

Box 21

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			ICD Ind.		
A. _____	B. _____	C. _____	D.	_____	
E. _____	F. _____	G. _____	H.	_____	
I. _____	J. _____	K. _____	L.	_____	

Example

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)		
A. <u>Z0000</u>	B. <u>E1165</u>	C. <u>I2510</u>

Box 24

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
	From	To			CPT/HCPCS	MODIFIER					
MM	DD	YY	MM	DD	YY						

Example

E. DIAGNOSIS POINTER
ABCD