

Diagnosis Code Requirements on Released Notes

In the most recent PIMSY version, 6.0.8.62 we are now requiring users to have a **Diagnosis Code** assigned to the **session notes** when the billing code on the notes is billable and the insurance is not self-pay. We have found across the board if these codes are not assigned properly then the billing is disrupted later in the process.

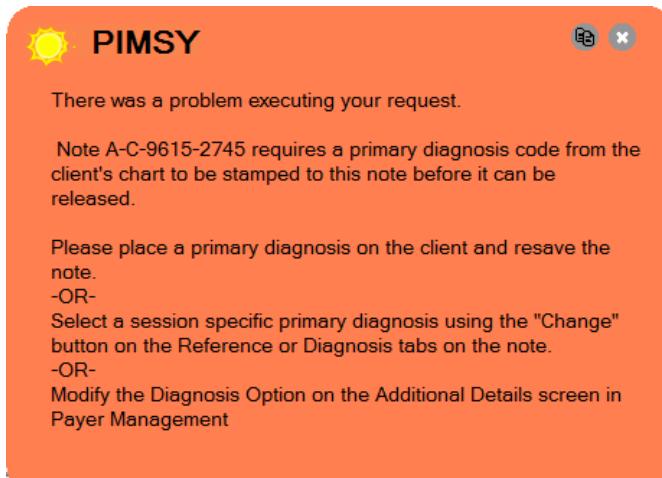
Instructions:

The system will automatically assign a DX Code to the session note if the following are true:

- There is a **Primary Diagnosis** on the chart
- That diagnosis has a date prior to the session date of the note
- The diagnosis is on the Client and not a relative
- The diagnosis has a status of **Active**
- The **Division** on the DX code on the chart is empty or the **Division** on the DX code on the chart matches the **Division** of the note.
- The Diagnosis type (ICD 10 etc.) on the DX code in the chart is accepted by the payer. *You can see the Payer Management area / Coding Requirements section for which codes the Payer accepts.*

If the criteria doesn't match, a Diagnosis Code won't be assigned to the note and the session won't have everything it needs to be billed.

So if you get this message when you try to release a note...



Here is what you can do about it:

1. Go back in to the client's chart and make sure you have a diagnosis on the chart that matches the criteria above. If you do, then re-save the note and the system should go back and re-stamp that diagnosis in the note for billing and allow you to release the note.
2. You can click the **Change** button on the **Reference** tab on a **Progress Note** or the **Change** button on the **Diagnosis** tab on an **Assessment Note**. This will allow you to specify exactly which DX code goes with that note even if it isn't the primary or doesn't match the criteria above.

Sometimes session notes are based on diagnosis other than the primary dx code on the chart. This feature allows you to control which dx code you are working on. Simply highlight the row and hit the **Save Primary Diagnosis** button. It will NOT make the selected code the primary code in the chart. **It is just for this session note.**

3. If you really don't need a DX code then you (or an administrator) can go into the **Payer Management** area and remove the DX code requirement for this and other payers. Simply hit the **Additional Details** button on the selected payer details screen and find the question called "Diagnosis Code is NOT required for this Payer" and mark the answer "Yes".

Related Articles

- [Progress Notes](#)
- [Assessment Notes](#)
- [Assigning Diagnosis Codes](#)

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