Diagnostic codes and Rejections

- Alberta Health Services will reject your claims if diagnostic codes are used when billing an anesthetic

- This results in longer wait times for you to get reimbursed.

Reduce your rejections and improve your reimbursement

STATGO

Solution!

- **We recommend leaving the diagnostic codes box empty when billing for an anesthetic.**

- The software will tell you automatically if you need a diagnostic code , commonly this would be for consultations, visits or if you perform a surgical or minor procedure.

Example:

- Here is an example of a consult needing a diagnostic code – note the software alerting you to input a diagnostic code.

The following errors occured during submission. Please make corrections and try again:
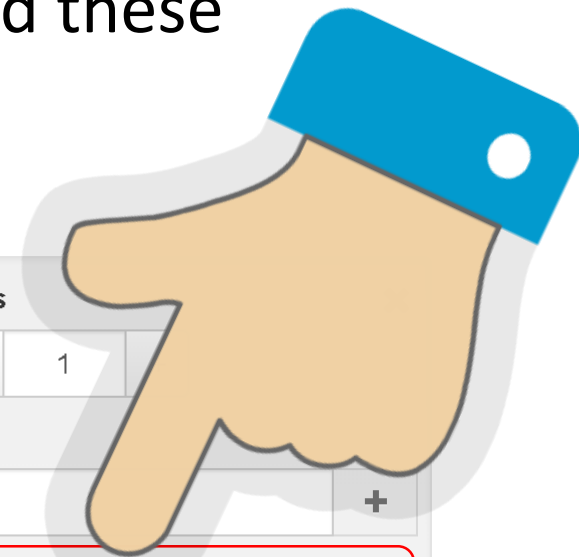- Diagnostic Code is Required for code 03.08A.

Procedure Calculation:

03.08A : Consultation, described as comprehensive {Comprehensive consultation}

Consultation, described as comprehensive {Comprehensive consultation}

Calls

| - | 1 | + |

Modifiers

| | + |

Diagnostic Codes

| | + |

Popular Codes: General Sympt - 780.9 (Gen Surg/Gyn/Plastics/ENT/Other) | Neurosurg/Spine - 349.8 | Orthopedics -781 | Urology 788.9 | Blood Patch 349.0
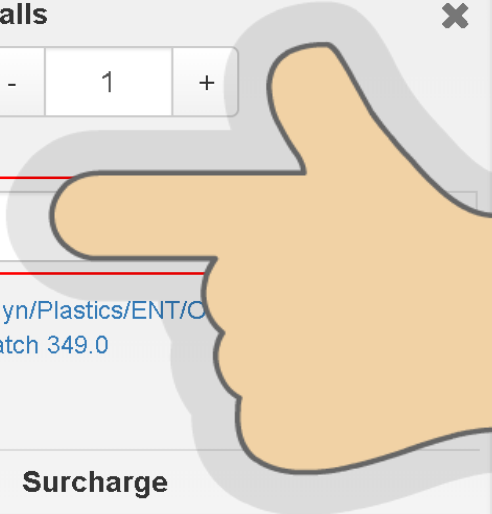
▼ Supporting Text/Tooth Codes

Base	Calls	Modifiers Applied	Total	Surcharge
$78.21	1		$78.21	$0.00

Additional information

- For anesthetic consultations/visits usually more general codes are accepted by Alberta Health. We have placed several of these general "popular codes" below the diagnostic code section to add these simply click them