

Helpful Hints to Navigation ICD-10 Claim Edits

The October 1st, 2015 deadline for switching from ICD9 to ICD10 is rapidly approaching, Harmony would like to share valuable information and useful links as the Centers for Medicare and Medicaid Services (CMS) has provided many useful tools to ensure compliance and assistance with the conversion.

For Compliance and Deadline Information:

<http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuickStartGuide20150622.pdf>

For help with ICD-10 coding sets:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html>

For help building a compliant claim:

<http://www.roadto10.org/quick-references/>

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>

Below is the list of Strategic National Implementation Process (SNIP) rejection edits and guidance to avoid these rejections.

Edit ID	Error Description	Submission Type	SNIP Level
W3939675	Value of sub-element is incorrect. Value may not be used until ICD-10 is available. Diagnosis pointer is required to provide exact result.	CMS1500/837P	4
W3939676	Value of sub-element is incorrect. Expected value is ___ when ICD-10 is mandated for use. Diagnosis pointer is required to provide exact result.	CMS1500/837P	4
W393966A	Value of sub-element is incorrect. Expected value is ___ when ICD-10 is mandated for use.	CMS1500/837P UB-04/837I	4
W3939669	Value of sub-element is incorrect. Value may not be used until ICD-10 is available.	CMS1500/837P UB-04/837I	4
W393966C	Value of sub-element is incorrect. Expected value is from external code list - ICD-10-CM Diagnosis Code (897) and a decimal point should not be used. Diagnosis Pointer to this code is required to provide exact result.	CMS1500/837P	5
W393964C	Value of sub-element HI0x-02 is incorrect. Expected value is from external code list - ICD-10-CM Diagnosis Code (897) when HI-01='ABK' or 'ABF'	CMS1500/837P UB-04/837I	5
W393967D	Usage of ICD-9 and ICD-10 codes on same claim is not allowed	CMS1500/837P UB-04/837I	7
W3939631	ICD-10-CM Diagnosis code is invalid in Health Care Diagnosis Code	CMS1500/837P	5
W3938BDF	Segment HI (External Cause of Injury) does not provide complete information. It contains [ec_Value] ICD-10-CM codes, but it is necessary to report series of 3 codes.	UB-04/837I	2
W3939650	Value of sub-element HI01-02 is incorrect. Expected value is from external code list - ICD-10-PCS Procedure Code (896) when HI01-01='BBR' or 'BBQ'	UB-04/837I	5

Guidance to avoid the above rejections
Pre-implementation dates of service utilize ICD-9; Indicator =9 on paper form box 21 for professional and box 66 for institutional
Post implementation dates of service utilize ICD-10; Indicator =0 on paper form box 21 for professional and box 66 for institutional
Never mix ICD9 and ICD10 codes within the same claim.
Follow CMS guidance on when to bill ICD-9 and when to bill ICD-10.
Utilize diagnosis pointers when submitting CMS1500/837P ICD-10.
Utilize proper coordinating diagnosis code qualifiers provided below



Below is guidance for converting ICD-9 Qualifiers to ICD 10 qualifiers.

ICD-9 code Qualifier	Diagnosis code description	ICD-10 code Qualifier
BK	Principle diagnosis	ABK
BJ	Admitting diagnosis	ABJ
PR	Patient's reason for visit	APR
BN	External cause of injury/External cause of morbidity	ABN
DR	Diagnosis related group information	DR
BF	Other diagnosis	ABF
BR	Principle procedure information	BBR
BQ	Other procedure information	BBQ
BI	Occurrence span information	BI
BH	Occurrence code information	BH
BE	Value code information	BE
BP	Anesthesia related procedure	BP
BG	Condition code information	BG
TC	Treatment code information	TC

For inquiries related to the ICD-10 rejections or information provided within grids please contact our EDI team at EDI-Master@wellcare.com.

Thank you,
Harmony