ICD 10 Code Compliance Edits – ClaimSource

Sept. 25, 2015

Payment Certainty for Every Patient®

Dear Valued Claims Customer,

I think we are all very ready to get on with the ICD 10 transition…together we have done great work to prepare and now it's time to cross the finish line. As always, we will be on deck to support you in any way possible. Here are a few things that you need to know:

(1) As of the writing of this communication, we recommend coding for all payors in ICD 10.

(2) Attached are the compliance edits that have been deployed into the claims system in final preparation. Although, we do not usually publish our edits, we understand your need to document compliance to the ICD 10 mandate. We also understand that many host systems have put similar logic in place to comply with the ICD 10. That is OK. If the claim comes to our system correct, then our logic will not fire nor create an error.

(3) If you currently use our customer portal for creating and monitoring support tickets, PLEASE CONTINUE TO DO SO. If you do not, please access support following your current protocol. If you would like to create a ticket with your question or issue, please send an email to eCareHelpDesk@passporthealth.com or call the Help Desk at 1-866-810-0000.

(4) Please check www.passportproductdashboard.com for updates. Any issues with the payors will be posted as soon as they are identified. On the dashboard you can register to receive emails when new information becomes available. If you have questions, please contact your Account Manager.

As we all wait in anticipation of the first ICD 10 compliant claims to drop, I can' t help but to reflect on other industry challenges that we have successfully faced together, for example, UB92, UB04, Y2K, and 5010. As your partner, we will do everything we can to ensure that you navigate this challenge successfully as well.

Sincerely,

The Experian Health Claims Team

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ICD 10 Code Compliance Edits - ClaimSource

General Edits

- Claim containing both ICD-9 and ICD-10 diagnosis codes, error the claim.
- Code indicator if 0 and from-through dates are prior to 10/1/15, error the claim.
- Code indicator if 9 and from-through dates are after 9/30/15, error the claim.
- Validate all ICD-10 diagnosis codes - For all UB and 1500 payers, if ICD10 codes are present before 10/1/15 or ICD9 codes are present on or after 10/1/15, error the claim. Claim contains ICD10 diagnosis codes with dates prior to 10/1/2015 or Claim contains ICD10 Procedure codes with dates prior to 10/1/2015, error the claim.
- For professional claims, if dates of service span 9/30/15 error the claim.

IP UB claims except TOB 121, if surgical revenue code is present without procedure code and ICD10 dx code is not Z5309, Z5329, Z538 then error.

OP UB claims, ICD10 procedure codes not allowed on outpatient UB claim, if present error.

Medicare Edits

OP Medicare UB claims, if modifier Q1 or Q0 and ICD10 diagnosis code Z006 is present then condition code 30 is also present, if missing then error.

IP Medicare UB claims if revenue code 403 is the only revenue code present the principal ICD10 dx code must be Z1231.

IP Medicare UB claims, for TMVR ICD10 diagnosis code Z006 is required when TOB is 11X and ICD10 diagnosis code I340 or I348 and ICD10 procedure code 02UGEJZ exist, if Z006 is missing error the claim.

IP Medicare UB claims, if exempt ICD10 diagnosis code is present with POA, error the claim.

OP Medicare UB claims if HCPCS 33206, 33207, 33208, C1785, C1786, C2619, or C2620 is present then ICD10 diagnosis I442, I441, I495, or Q246 must also be present, if not error the claim.

OP Medicare 1500 claims if HCPCS 33206, 33207, 33208, is present then ICD10 diagnosis I442, I441, I495, or Q246 must also be present, if not error the claim.

OP Medicare UB claims, if HCPCS 33206, 33207, 33208, C1785, C1786, C2619, or C2620 is present with ICD10 diagnosis code R55 services are not covered, error the claim.

OP Medicare 1500 claims, if HCPCS 33206, 33207, or 33208, is present with ICD10 diagnosis code R55 services are not covered, error the claim.

OP Medicare UB claims, if statement date is greater than 12/31/07 and TOB is not 72X and HCPCS J0881, J0882, J0885, J0886, J0890, Q4081 is present without modifier EA, EB, EC as long as ICD10 N186 is not present, error the claim.

OP Medicare UB claims if TOB = 131, 135, 137, 14X and statement from – through dates is on or after 10/1/15 and claim does not contain ICD10 codes, error claim with 'Requires ICD-10 Diagnosis Codes'.

IP Medicare UB claims if TOB = 11X, 18X, 21X and claim contains revenue code 0110-0113, 0115-0117 or 0119 and statement through date is 10/1/15 or after and claim does not contain ICD10 codes error claim with message 'Claim Requires ICD-10 Diagnosis Codes' or 'Claim Requires ICD1- Procedure Code'.

Medicare UB claims if TOB = 12X, 13X, 14X, 22X, 23X, 34X, 71X, 72X, 74X, 75X, 76X, 77X, 81X, 82X, or 85X and statement from date is on or prior to 9/30/15 and statement through date is on or after 10/1/15, error claim with message 'Split Claim Based on Date of Service'.

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Medicaid Edits

IP Florida Medicaid 1500 claims, if the Family Planning Indicator = Y and HCPCS 99401 or 99402 is present then one of the following ICD10 codes must also be present Z3001, Z30018, Z30012, Z3002, Z3009, Z30430, Z30433, Z302, Z308, Z3040, Z30431, Z3049, Z308, Z309, if not error the claim.

IP Florida Medicaid UB claims, if revenue code 273 or 279 is present then one of the ICD10 codes from the Burns and Corrosions list is required if not error the claim.

IP Illinois Medicaid primary UB claims if TOB = 11X and claim contains revenue code 0114, 0124, 0134, 0144, 0154, 0204, 0118, 0128, 0138, 0148, 0158 and statement through day is on or after 10/1/15 and admit date is not on 10/1/15 or after, error the claim with message 'Admission Date Must be on 10/1/15 or After'.

IP Illinois Medicaid primary UB claims, if TOB = 11X and claim contains revenue code 0114, 0124, 0134, 0144, 0154, 0204, 0018, 0128, 0138, 0148, 0158 and statement from date is on or prior to 9/30/15 and statement through date is on or after 10/1/15, error claim with message 'Split Claim Based on Date of Service'.

OP Illinois Medicaid primary claim if TOB = 131, 135, 137 and claim contains revenue codes 045X and or 0762 and statement from date is on or prior to 9/30/15 and statement through date is on or after 10/1/15 and claim contains ICD10 codes, error the claim with message 'Requires ICD-9 Diagnosis Codes'.

OP Illinois Medicaid primary claim if TOB = 131, 135, 137, 14X, 71X, 85X and claim does not contain revenue code 045X and/or 0762 and statement from and through date is on or after 10/1/15 and claim does not contain ICD10 codes, error claim with message 'Requires ICD-10 Diagnosis Codes'.

IP Illinois Medicaid primary claim of TOB = 11X and claim contains revenue code 0110-0113, 0115-0117 or 0119 and statement through date is on or after 10/1/15 and claim does not contain ICD10 codes, error claim with message 'Requires ICD-10 Diagnosis Codes' or 'Requires ICD-10 Procedure Codes'.

OP Illinois Medicaid primary if TOB = 13X and admit date is prior to 10/1/15 and the statement through date is on or after 10/1/15 and claim does not contain revenue code 045X and/or 0762 and statement from date is on or prior to 9/30/15 and statement through date is on 10/1/15 or after error claim with message 'Split Claim Based on Date of Service'.

IP Illinois Medicaid UB claims, if one of the ICD10 procedure codes for sterilization or hysterectomy is present, error the claim.

Other Payor Edits

IP Mississippi Blue Cross UB claim with a primary ICD10 diagnosis codes that correspond to these icd10 dx codes T07, T148, T1490, T794XXA, T43291Z, T43292A, T43293A, T43294A, T50901A, T50902A, T50903A, T50904A, A059, Z043 & all ICD10 diagnosis codes that start with S0, S1, S2, S3, S4, S5, S6, S7, S8 or S9 without occurrence code 01-06 error the claim.