

## DIAGNOSIS CODE BILLING REMINDER

February 29, 2016

### ICD-10 coding reminder

Our most common denial reason related to ICD-10 coding is due to the omission of the 4th or subsequent alpha/numeric characters used for reporting sub-categories. Please make sure all appropriate sub-categories are accounted for to avoid claim denials.

### Keep up to date on ICD by visiting the CMS ICD10 website

<https://www.cms.gov/Medicare/Coding/ICD10> for official resources, including the ICD-10 Quick Start Guide.

### Qualifier Reminder

- Claims for dates of service 10/1/15 and after, i.e. ICD-10, must include the qualifier 0
- Claims for dates of service prior to 10/1/15, i.e. ICD-9, must include the qualifier 9

### CMS 1500 Paper Claim

Enter the applicable qualifier in the “ICD Indicator” on the left side of section 21

### UB-04 Paper Claim

Enter the applicable qualifier in field 66

### CMS 1500 and UB-04 electronic claim

- Verify your clearinghouse is using the appropriate electronic qualifiers
- If you create and send your own electronic claims, follow the instructions in the most current ASCX12 Health Care Claim Consolidated Guides

If you have any questions or need assistance, please call Claims Customer Service 602.778.1800 (Options in order: 5, 4) or Care1st Provider Network Operations at the numbers listed below.

*Thank you!*

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Provider Network Operations

Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)

Fax 602.778.1875

Visit our website at [www.care1st.com/az](http://www.care1st.com/az)

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