Network Notification

Date: December 21, 2015

To: Kentucky health care providers

From: Humana – CareSource®

Subject: ICD-10 claims qualifiers

As you submit electronic claims for services, please keep the following points in mind:

- Claims with International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes must use ICD-10 qualifiers. All claims for services rendered on or after Oct. 1, 2015, must use ICD-10.
- Claims with International Classification of Diseases, Ninth Revision (ICD-9) diagnosis codes must use ICD-9 qualifiers. Only claims for services rendered before Oct. 1, 2015, may use ICD-9.

How to use ICD-10 qualifiers

Please refer to the following when using ICD-10 qualifiers (FAQ 12889):

- For X12 837P 5010A1 claims, the HI01-1 field for the code list qualifier code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code sent. When submitting more than one diagnosis code, use the qualifier code “ABF” for the code list qualifier code to indicate up to 11 additional ICD-10 diagnosis codes.
- For X12 837I 5010A1 claims, the HI01-1 field for the principal diagnosis code list qualifier code must contain the code “ABK” to indicate the principal ICD-10 diagnosis code sent. When submitting more than one diagnosis code, use the qualifier code “ABF” for each additional diagnosis code. You can indicate up to 24 additional ICD-10 diagnosis codes.
- For NCPDP D.0 claims, the 492.WE field must contain the code “02” to indicate the diagnosis code qualifier sent.

Keep up to date on ICD-10

Visit the CMS ICD-10 website and Roadto10.org for the latest news and and official resources, including the ICD-10 quick start guide and a contact list for providers’ Medicare and Medicaid questions. Sign up for CMS ICD-10 email updates and follow us on Twitter.

You also can visit the ICD-10 resource center on our website at https://www.caresource.com/providers/kentucky/medicaid/claims-information/icd-10/.