



Network Notification

Date: September 12, 2015

To: Health Partners

From: CareSource®

Subject: ICD-10 Code Qualifiers

Qualifiers for ICD-10 Diagnosis Codes on Electronic Claims

As you submit electronic claims for services, remember that:

- Claims with ICD-10 diagnosis codes must use ICD-10 qualifiers; all claims for services on or after October 1, 2015, must use ICD-10
- Claims with ICD-9 diagnosis codes must use ICD-9 qualifiers; only claims for services before October 1, 2015, can use ICD-9

How to Use ICD-10 Qualifiers

Use ICD-10 qualifiers as follows ([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 being sent. When sending 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 that are sent.
- 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 being sent. When sending more than one diagnosis code, use the qualifier code "ABF" for each Other Diagnosis Code to indicate up to 24 additional ICD-10 diagnosis codes that are sent.
- For NCPDP D.0 claims, in the 492.WE field for the Diagnosis Code Qualifier, use the code "02" to indicate an ICD-10 diagnosis code is being sent.

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