EDI ICD-10 Front End Edits

Trading Partners, billing services, clearinghouses and vendors must begin using ICD-10 diagnosis codes and procedure codes (for inpatient claims) on claims with from dates of service or dates of discharge (for inpatient claims) on/after October 1, 2015.

The following provides information on the EDI front end edits related to ICD-10 billing that may appear on a 999 acknowledgement transaction or a 277 Claims Acknowledgement (277CA).

ICD-10 Front End Acknowledgement testing can be done at any time. This testing can assist with ensuring that your electronic claim transactions will not be impacted by any of these edits.

999 Acknowledgement Rejections

- All X12 837P syntactical and semantic requirements currently in place for submitting claims ICD-9 codes apply for ICD-10 codes. For example, the diagnosis code qualifier must be present for each diagnosis code and a second diagnosis code cannot be reported unless a primary diagnosis is reported.
- The X12 qualifiers for ICD-10 are different than those for ICD-9. For ICD-10 billing, the primary diagnosis code qualifier is “ABK” and all subsequent ICD-10 diagnosis code qualifier values are “ABF”.

277 Claims Acknowledgement (277CA) Rejections

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CSCC A7: “Acknowledgement /Rejected for Invalid Information…”

CSC 254: “Primary Diagnosis Code”

Logic: ICD-10 code is not a valid ICD-10 code or is not valid for the Date of Service reported

Edit References:
X222.226.2300.HIxx-2.050
    Where "xx" = 01, 09, 10, 11, or 12
X222.226.2300.HIxx-2.090
    Where "xx" = 01, 09, 10, 11, or 12

CSCC A7: "Acknowledgement /Rejected for Invalid Information…”

CSC 255: "Diagnosis Code"

Logic: ICD-10 code is not a valid ICD-10 code or is not valid for the Date of Service reported

Edit References:
X222.226.2300.HIxx-2.040
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Where "xx" = 02, 03, 04, 05, 06, 07, or 08
X222.226.2300.HIxx-2.080
Where "xx" = 02, 03, 04, 05, 06, 07, or 08

CSCC A7: "Acknowledgement /Rejected for Invalid Information…"
CSC 511: "Invalid Character"
CSC 254: “Primary Diagnosis Code”
Logic: Diagnosis code must not contain a decimal
Edit Reference:
X222.226.2300.HIxx-2.110
Where "xx" = 01, 09, 10, 11, or 12

CSCC A7: "Acknowledgement /Rejected for Invalid Information…"
CSC 511: "Invalid Character"
CSC 255: “Diagnosis Code”
Logic: Diagnosis code must not contain a decimal
Edit Reference:
X222.226.2300.HIxx-2.100
Where "xx" = 02, 03, 04, 05, 06, 07, or 08

CSCC A7: "Acknowledgement /Rejected for Invalid Information…"
CSC 254: “Primary Diagnosis Code”
CSC 509: “E-Code”
Logic: ICD-10 codes that begins with letter “V”, “W”, “X”, or “Y” are not allowed.
Edit Reference:
X222.226.2300.HI01-2.125

CSCC A7: "Acknowledgement /Rejected for Invalid Information…"
CSC 255: “Diagnosis Codes”
Logic: Cannot have both ICD-9 and ICD-10 codes on the same claim. If principal diagnosis code is an ICD-9 code then subsequent diagnosis code must be an ICD-9 code.
Edit Reference:
X222.226.2300.HIxx-1.040
  Where "xx" = 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, or 12

**CSCC A7: "Acknowledgement /Rejected for Invalid Information..."

**CSC 255: “Diagnosis Codes”

**Logic:** Cannot have both ICD-9 and ICD-10 codes on the same claim. If principal diagnosis code is an ICD-10 code then subsequent diagnosis code must be an ICD-10 code.

**Edit Reference:**
X222.226.2300.HIxx-1.050
  Where "xx" = 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, or 12

CSCC A7: "Acknowledgement /Rejected for Invalid Information..."

CSC 732: “Information submitted inconsistent with billing guidelines.”

CSC 255: “Diagnosis Code”

**Logic:** ICD-9 qualifiers and ICD-10 qualifiers cannot be on the same claim.

**Edit Reference:**
X223.184.2300.HI.013

CSCC A7: "Acknowledgement /Rejected for Invalid Information...

CSC 255: “Diagnosis Codes”

**Logic:** Invalid ICD-10 diagnosis code. Edit Reference:
X222.226.2300.HI10-2.050

If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "10" and 2300.HI10-1 is "ABF" then 2300.HI10-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate