

# PROVIDER BULLETIN No. 15-56

November 23, 2015

TO: All Providers Participating in the NE Medicaid Program  
All Medicaid EDI Trading Partners

FROM: Calder A. Lynch, Director   
Division of Medicaid & Long-Term Care

BY: Alissa Gunning  
Medicaid IT Initiatives

RE: Common Billing Errors since ICD-10 Implementation

**Please share this information with administrative, clinical, coding, billing, IT staff, and trading partners.**

This bulletin provides information about common fee-for-service billing errors since the implementation of ICD-10 on October 1, 2015.

Although the overall transition to ICD-10 has gone well, two common billing errors identified after the ICD-10 implementation include:

1. Claims submitted with ICD-9 codes instead of ICD-10 codes or vice versa.
  - Use ICD-9 codes on claims with dates of service **prior** to October 1, 2015, regardless of the date submitted.
  - Use ICD-10 codes on claims with dates of service **on or after** October 1, 2015.
  - For claims with dates of service that span the October 1, 2015, implementation date, see Provider Bulletin 15-22, available at: <http://dhhs.ne.gov/medicaid/Documents/pb1522.pdf>
2. Missing or invalid ICD Version Indicator (paper claims) or Qualifier (electronic claims):
  - For the **CMS 1500 claim form**, the ICD Version Indicator is “9” for ICD-9 codes and “0” for ICD-10 codes. Enter the version indicator in

field 21. A screen shot of this field can be found in Provider Bulletin 15-25, available at: <http://dhhs.ne.gov/medicaid/Documents/pb1525.pdf>

- For the **CMS 1450 (UB04) claim form**, the ICD Version Indicator is “9” for ICD-9 codes and “0” for ICD-10 codes. Enter the version indicator in Form Locator (FL) 66. A screen shot of this field can be found in Provider Bulletin 15-25, available at: <http://dhhs.ne.gov/medicaid/Documents/pb1525.pdf>
- For **electronic practitioner (837P) and institutional (837I) claims**, the qualifier code for the primary ICD-10 diagnosis code is “ABK” and when sending more than one ICD-10 diagnosis code use “ABF” for each other diagnosis code submitted. For **electronic dental (837D) claims**, use the ICD-10 qualifier “02.” For more information, visit CMS FAQ 12889 at: <https://questions.cms.gov/faq.php?id=5005&faqId=12889>

In addition, providers are reminded that:

- ICD-9 or ICD-10 diagnosis code(s) is/are required and should be based on the dates of service rendered, and
- The ICD version indicator/qualifier is required and must match the ICD-9 or ICD-10 code set on the claim.

## Resources

Nebraska Medicaid ICD-10 website at: <http://dhhs.ne.gov/medicaid/Pages/ICD-10.aspx>

The Centers for Medicare & Medicaid Services (CMS) has resources to help prepare for a smooth transition. Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) to find out more.

## Questions?

For questions about claims, please contact the Medicaid Claims Customer Service Center at 877-255-3092 (toll free) or 402-471-9128 (Lincoln area).

For questions about this bulletin or ICD-10, please submit an email to: [DHHS.ICD-10Implementation@nebraska.gov](mailto:DHHS.ICD-10Implementation@nebraska.gov)