ICD-10 KNOWLEDGE BRIEFS

Diagnosis: Indicator Field / Qualifier Codes

Declares the code set you are using, must match service dates & diagnosis codes

When submitting claims on and after October 1, 2015, you must indicate on the claim whether the code set you are using is ICD-9 or ICD-10.

**EDI Submissions – ICD Indicator (or Qualifier for eSubmissions)**

All claim submissions require a principal diagnosis. Be aware of your system set-up. Some systems are defaulting to one code set. For example, if your billing system defaulted to ICD-10 on October 1, 2015, and you want to submit for Dates of Service (DOS) prior to that, you must change the default qualifier(s) to ICD-9.

**Paper Submissions – ICD Indicator**

- Inpatient/Facility claims submitted on UB-4; Field 66
- Outpatient/Professional claims submitted on 1500 (v02/12); Field 21

**Provider Express** (Outpatient/Professional claim submissions only)

- You select either ICD-9 or ICD-10 radio button; prevents ICD Indicator entry errors

**Attention Superbill Users:**

- All claim submissions require an ICD indicator code, including superbills
- Modify your superbill forms to include an ICD Indicator field
- On each superbill, use a “9” or “0” for ICD-9 or ICD-10, respectively
- Failure to include a valid ICD Indicator code will delay or prevent claim processing