

interChange Provider Important Message

ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis

As of October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures has been replaced with the ICD-10 code sets. In Provider Bulletin PB 2015-47, we announced a new Explanation of Benefit (EOB) code, 4039 - "The primary diagnosis code is not covered" that would set on claims with the implementation of ICD-10 in the Connecticut Medical Assistance Program (CMAP) when a primary diagnosis code that is not covered is billed. Instead, the Department of Social Services (DSS) has allowed for this edit to "post and pay" rather than deny. This means, the EOB code will be displayed on the claim; however, the claim will not deny for this reason at this time.

Providers are encouraged to take this time to make sure that their billing processes are compliant with the ICD-10 requirements. Once this edit is set to deny, providers will need to follow coding guidelines and not submit a diagnosis code that has been classified as an unacceptable principal diagnosis code as the principal diagnosis on their claims.

The link below will provide you with a comprehensive list of diagnosis codes that are not allowed as the primary diagnosis code and will set the edit.

[ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis](#)

Alternatively, you may access this list on our Web site. From the Home page, click on "Information", "Publications", scroll down to "Claims Processing Information", then click on "ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis".