



### ICD-10 DIAGNOSIS CODES

REMINDER: All provider agencies should verify the diagnosis code(s) submitted on claims are coded to the highest level of specificity.

As of October 1, 2016 diagnosis codes were updated by CMS. This involves a higher level of diagnostic coding and requires another digit to be added to some current diagnosis code(s). For assistance with coding, resources including the 2017 ICD-10 guidelines and 2017 Code Descriptions in Tabular Order are available on the [CMS website](#).

IMPORTANT NOTE: If a claim is not coded to the highest level of specificity on an incoming 837 file, the claim will deny on the submitter report as an invalid ICD-10 diagnosis code and cannot be processed in CIE. The Submitter Report is the only place the rejection of the claim will be seen.

The Submitter Report can be found in Provider Direct under the File Transfers menu option and View MCO File Repository.

Claims submitted through the Provider Direct Portal that are not coded to the highest level of specificity will receive a denial for an invalid ICD-10 diagnosis code on the Remittance Advice. If you have any questions, please contact your [Claims Specialist](#).

#### [FTPBUS FORM](#)

This form is also available on our website.

### Need to Send a Secure Email?

Zixmail is available to our Provider Network through the Provider Portal. [ACCESS ZIXMAIL](#)



### STAY UP TO DATE WITH SOCIAL MEDIA AND OUR EVENTS CALENDAR

[Trillium Health Resources Facebook](#)



[Trillium YouTube Channel](#)



[Trillium Direct Connect for Recovery](#)



[Twitter](#)



[Trillium Direct Connect for Enrichment](#)



[Trillium Events Calendar](#)