



ICD-10 KNOWLEDGE BRIEFS

Claim Submission

Validation of ICD-10-CM Submission Rules

Can you answer *Yes* to these questions?

There are 3 key components to successful submission:

1. Are you using a valid ICD-CM code?
2. Is the claim limited to only one ICD code set? (Don't mix ICD-9 and ICD-10 codes on one claim form)
3. Does the date of service (or date of discharge for inpatient claims) match the ICD code set you are using?

Requirements not met:

If one or more of these basic requirements is not met, the claim will either be rejected before it reaches the payer or it will pass through to the payer and be denied.

Meeting the basic ICD-10 HIPAA requirements

- ✓ For behavioral health, valid ICD-9 and ICD-10 codes are mapped to DSM-5-defined conditions; refer to the DSM-5 for the ICD code
- ✓ You can use only ICD-9 or only ICD-10 on any given claim, not both; use the ICD Indicator field to indicate which code set applies
- ✓ For outpatient dates of service on and after 10/1/15, use ICD-10-CM codes; for inpatient date of discharge on and after 10/1/15, use ICD-10-CM

Learn more:

- [ICD-10-CM Transition](#) - webinar for behavioral health providers
- [Transition Resources](#) - [Provider Express](#) > [Admin Resources](#) > [DSM-5/ICD-10 Resources](#) Claims continue to be subject to benefit eligibility and all coverage provisions, limitations and exclusions.