NEWS FOR ALL PROVIDER TYPES

PREVENT CLAIM DENIALS: REPORT DIAGNOSIS CODES ACCORDING TO THE ICD-10-CM OFFICIAL CODING GUIDELINES

Highmark continues to take additional steps to more closely align its claims payment policies with current industry and national correct coding standards. Highmark has implemented additional policies related to the Centers for Medicare & Medicaid Services' *ICD-10-CM Official Guidelines and Coding and Reporting*.

If you do not follow the *ICD-10-CM Official Guidelines and Coding and Reporting* instructions and report incorrect ICD-10 diagnosis codes, Highmark will deny your claim. Denial code E8038 — invalid diagnosis code used — will appear on the affected claim lines. This denial code indicates that the diagnosis codes reported on your claim were incorrect based on the instructions contained within the *ICD-10-CM Official Guidelines and Coding and Reporting*.

Before you contact Highmark to inquire about your claims that denied with code E8038, please check the diagnosis codes you reported to ensure all diagnosis codes are:

- Appropriate for the service reported
- Effective for the date of service
- Reported at the highest level of specificity
- Appropriate to be billed together

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