

| Notification: | HUM 6215 |
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| <u>Category:</u> | <u>Diagnoses</u> |
| <u>Topic:</u> | External cause of morbidity diagnosis codes |
| What is changing? / | We do not reimburse charges for services that are submitted on a |
| Change Description: | claim if any of the diagnosis codes submitted are not valid or coded |
| | to the highest level of specificity. |
| Why is Humana making this change? | According to the ICD-10-CM Manual, claims for services rendered are |
| / Change Reason: | to be reported with a diagnosis code that is valid and coded to the |
| | highest level of specificity. |
| | Note: Humana has long maintained that ICD-10-CM diagnosis codes |
| | should be billed to the highest specificity, as stated in our Claims |
| | Reporting Standards payment policy. At the time of initial |
| | implementation, in 2011, of diagnosis code specificity editing, we |
| | notified providers that every diagnosis code submitted on a claim |
| | must be coded to the highest level of specificity; however, our |
| | enforcement of diagnosis code specificity was less restrictive. |
| | Humana is publishing this notification to add clarity for this guidance. |
| <u>Language:</u> | <u>English</u> |
| Impacted Products: | Medicaid- Louisiana |