



December 19, 2017 (*Updated January 11, 2018*)

Web Announcement 1483

## **Professional Claims Require a Primary Diagnosis Code**

All professional claims submitted using the CMS-1500 Claim Form or electronic transaction 837P require a primary diagnosis code. Effective December 18, 2017, claims that do not include a primary diagnosis code will deny with edit code 0178 (Primary diagnosis required).

### **Reminders:**

- CMS Claim Form: Each claim line reported in Field 24 of the CMS-1500 Claim Form must have a diagnosis pointer reported in Field 24E that corresponds with information reported in Field 21. The claim will deny if Field 24E is blank or if a diagnosis pointer listed in the primary position is not considered a primary diagnosis.
- Electronic transaction 837P: Enter the diagnosis pointer in Loop 2400 Segment SV1 Fields SV104-01 through SV104-04. Each claim line reported in Loop 2400 of transaction 837P must have a diagnosis pointer reported in Loop 2400 Segment SV1 Fields SV104-01 through SV104-04 that corresponds with information reported in Loop 2400 Segment SV101-1. The claim will reject if Loop 2400 Segment SV1 Fields SV104-01 through SV104-04 is blank or out of range. The adjudication process will consider the first in order pointer reported in Loop 2400 Segment SV1 Fields SV104-01 as the pointer to the primary diagnosis code. Consequently, the second in order pointer will be considered the pointer to the secondary diagnosis code and so on.