Inland Empire Health Plan (IEHP) is sending this clarification to remind our Providers of important diagnosis code billing requirements. The reimbursement guidelines that IEHP adheres to are based on ICD-10-CM General Coding Guidelines.¹

**Reimbursement Guidelines**

Diagnosis codes are to be reported on claims at the highest level of specificity.

ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6, or 7 alpha-numeric characters. A diagnosis code is invalid or incomplete if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable.

If any diagnosis code submitted on the claim is not a valid, complete diagnosis code for the date(s) of service on the claim, the entire claim will be rejected.

- The claim will be rejected regardless of the order or position of the incomplete/invalid diagnosis code.
- Provider will receive a claim reject letter with the following rejection reason: **DXINVALID - Diagnosis Code Invalid; Resubmit.**
- The Provider must correct the diagnosis code/s and resubmit the claim with more specific diagnosis.
- Diagnosis codes must be submitted according to the ICD-10 standards to be accepted and processed by IEHP.

**Example:**

**B60.0 (Babesiosis) should not be used for reimbursement purposes as there are multiple codes below that contain a greater level of detail.**

- B60.00 (Babesiosis Unspecified)
- B60.01 (Babesiosis Due To Babesia Microti)
- B60.02 (Babesiosis Due To Babesia Duncani)
- B60.03 (Babesiosis Due To Babesia Divergens)
- B60.09 (Other Babesiosis)

---

¹ ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 (October 1, 2020-September 30, 2021)
Steps to Remedy the Denial

- If the claim is denied with explanation code **DXINVALID**, every diagnosis code on the claim must be reviewed by the billing office for accuracy and completeness against the current list of valid ICD-10-CM codes for the date of service.

- Diagnosis codes with typos in any character position could result in the diagnosis code not matching the list of valid and complete diagnosis codes for the date(s) of service on the claim. If this occurs, the typo will also result in this denial message of incomplete code requiring more digits, even if the invalid diagnosis code is a full seven characters.

- A corrected claim is needed.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.