Availity Gateway Changes to Decrease Claim Holds

Effective June 16, 2018

Effective June 16, 2018, we will implement changes at the Availity® Gateway to decrease claim holds and allow for a more seamless processing experience.

Today, when we receive incomplete/inaccurate data, delays in processing time result as we attempt to gather the correct data through inefficient administrative activity (i.e., sending letters, denial Explanation of Benefits, etc.). These latest changes will allow you and your trading partners to identify and resolve the data issues before the claim enters our system. Please note these changes which will occur with the June 16, 2018 release.

These changes may be transparent if you are already including the data below in your claims. If a claim does not pass the edits, messaging will be available on your Electronic Batch Report (EBR). Prior to the release, you and/or your trading partner may want to validate the information below is included on your electronic claims submissions:

- **ddrPDO edit message:** “The ICD-10-CM code xxxxxx may only be reported as the first listed or principal diagnosis.”
  - This edit applies to professional claims.
  - This edit will trigger if a diagnosis code designated in the ICD-10 Coding Manual as being a PDx Primary Dx is used as anything other than the first diagnosis on the service line.
  - Examples of PDx Primary Dx codes: Z0000, Z0001, Z01419 and Z01810-Z0189.
  - Check loop/segment 2400 SV107-2 through SV107-4.

- **025AGE edit message:** “Patient's age must be between 0 and 124 years.”
  - This edit applies to professional claims.
  - Check loop/segment 2010BA DMG02 and/or 2010CA DMG02.

- **BDS edit message:** “The beginning or ending Date of Service is invalid or missing.”
  - This edit applies to professional claims.
  - Check loop/segment 2400 DTP03 (where DTP01=472).

If you are unable to remediate by using your EBR report, contact Availity at 1-800-282-4548.

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1 Availity, LLC is a multi-payer joint venture company. Visit availity.com to register.