Medicaid Advisory Letter (MAL) No. 626-A

DATE: July 31, 2019 *(Revised August 30, 2019)*

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: *Update: Diagnosis Code Reporting Required on Claims Starting January 1, 2020*

This MAL updates and supersedes MAL No. 626. Currently, there is a small subset of Medicaid covered services—for example, some transportation services and many home and community-based waiver services—for which a claim can be submitted without a diagnosis code. In order to ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) standards, as of January 1, 2020, all claims and adjustments required by HIPAA to include a diagnosis code must include a diagnosis code regardless of the date of service.

The Ohio Department of Medicaid (ODM) will implement this change both for claims submitted via the Medicaid Information Technology System (MITS) provider portal and for those submitted by Electronic Data Interchange (EDI) X12 837 claims transaction. The Medicaid managed care plans have also updated their payment systems to conform to this federal requirement and already require a diagnosis code on all claims. (Note, dental claims (837D) are exempt from this requirement and do not require a diagnosis code. Pharmacy claims should continue to be submitted to ODM using the pharmacy billing procedures posted at: https://pharmacy.medicaid.ohio.gov/pharmacy-billing-information.)

Providers that know the appropriate diagnosis code must enter it. Questions about which diagnoses to report should be directed to the ordering/referring/prescribing provider associated with a claim. For some providers, however, diagnosis is not related to the service provided (e.g., transportation by wheelchair van), so there is no need to know a diagnosis code. In these rare cases, ODM recommends that the provider choose an appropriate diagnosis code for the service. For example, diagnosis code Z41.8 (entered without the period as Z418) indicates an "encounter for other procedures for purposes other than remedying health state."

Please take the steps necessary to ensure that you are prepared to enter a diagnosis code on all Ohio Medicaid claims and adjustments beginning on *January 1, 2020.*

Additional Information

Frequently Asked Questions on the diagnosis code requirements for claims is attached.

From October 1, 2019 to December 31, 2019, the following Remittance Advice Remark Code (RARC) will post on claims if a diagnosis code is not reported, "RARC, N369 – Alert: Although this claim has been processed, it is deficient according to state legislation/regulation." Starting January 1, 2020, claims submitted to the Ohio Department of Medicaid without a diagnosis code will not be accepted (rejected at the front end).

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at http://www.medicaid.ohio.gov.

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

Provider call center:	(800) 686-1516
E-mail address:	noninstitutional_policy@medicaid.ohio.gov
Postal mail address:	Bureau of Health Plan Policy
	Non-Institutional Services
	P.O. Box 182709
	Columbus, OH 43218-2709