

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Primary diagnosis code required on claims

With the implementation of the new ASC X12 version of the *Health Insurance Portability and Accountability Act* (HIPAA) 5010, the transaction requirement for primary diagnosis codes was changed from situational to required for 837 claims transactions. Effective April 1, 2012, this billing requirement will also apply to Indiana Health Coverage Programs (IHCP) paper and Web interChange claim submissions.

This change affects even providers that are currently exempt from submitting diagnosis codes specific to transportation, waiver, and durable medical equipment (DME) services. Transportation and waiver providers should bill diagnosis code 7999 as the primary diagnosis code for claim submissions when the actual diagnosis is not known. DME providers must obtain the primary diagnosis code from the physician who ordered the DME supplies or equipment.

If a claim is submitted through Web interChange without a primary diagnosis code, an error message will display stating, "Primary diagnosis is required." Paper claims missing the primary diagnosis code will be denied for edit 258 – *Primary Diagnosis code missing*.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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