




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



**MassHealth
All Provider Bulletin 216
September 2011**

TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, Medicaid Director 
RE: **HIPAA 5010 Diagnosis Code Requirement**

New Requirement

The Centers for Medicare & Medicaid Services (CMS) has mandated that, effective January 1, 2012, the standards for electronic health care transactions must change from version 4010/4010A1 to version 5010. MassHealth is actively working toward this implementation date (see [All Provider Bulletin 210](#)).

Effective January 1, 2012, **all** MassHealth providers submitting claims via electronic, paper, or direct data entry (DDE) must include a valid diagnosis code on the claim.

Providers must use the ICD-9-CM diagnosis codes or, if applicable, use diagnosis codes from the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision).

This change also impacts MassHealth providers who are not currently required to submit diagnosis codes with their claim submissions.

This new requirement does not apply to dental providers submitting claims on the ADA (American Dental Association) claim form.

***Claims without
Required Diagnosis
Code***

MassHealth will take the following actions on claims that do not contain the required diagnosis code on or after January 1, 2012.

- Electronic transactions will be rejected. Providers will receive a 999R acknowledgement notice that confirms to the submitter that their transaction has been rejected and will not be processed.
- DDE transactions will receive an error message upon data entry indicating that a diagnosis code must be entered. If no diagnosis code is entered, the claim cannot be submitted.
- Paper claims will be denied. Providers will receive the details about the denial on the remittance advice.

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***Claims without
Required Diagnosis
Code***
(cont.)

Please Note: Effective January 1, 2012, MassHealth is moving toward an all-electronic claims submission policy to achieve greater efficiency. MassHealth intends to require electronic claim submission unless the provider has received an approved electronic claim submission waiver. Related changes to MassHealth regulations will be described in a future provider transmittal letter.

Please see [All Provider Bulletin 212](#) for more information about MassHealth's paper claims policy.

System Requirements

Providers should confirm that their systems have the ability to support this 5010 change.

Providers using a software vendor or billing intermediary should confirm with their vendor that they have the ability to support this change.

Effective Date

This change is effective January 1, 2012.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
