Connecticut Department of Social Services
Medical Assistance Program
www.ctdssmap.com
Provider Bulletin 2019-56
September 2019

TO: Medical Equipment, Devices and Supplies (MEDS) Providers

RE: Change to Diagnosis Requirements for Durable Medical Equipment Claims

Effective for dates of service October 1, 2019 and forward, the Department of Social Services (DSS) is updating its Medical Equipment, Devices and Supplies (MEDS) claim submission requirements to include International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes.

This bulletin provides important information regarding DSS' implementation of the new requirement.

MEDS Claim Changes: A complete prescription/written order for MEDS is required from a prescribing licensed practitioner prior to MEDS claim submission as described in Provider Bulletin 2018-44 "Prescriptions/Written Orders for Services Covered under the Connecticut Medical Assistance Program (CMAP), Including Medical Equipment, Devices and Supplies (MEDS)." The written order must contain a diagnosis for which the MEDS product or service was prescribed. Effective for all MEDS claims with "From" dates of service of October 1, 2019 and forward, the diagnosis code from the prescription/written order must be included at the header of the claim.

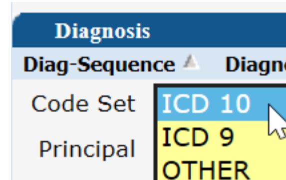
The following Explanation of Benefits (EOB) code will post to all claims submitted without a diagnosis code:

258 – Primary Diagnosis Code Missing

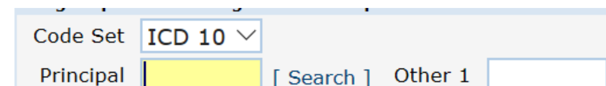
The initial implementation of edit 258 will occur in a post and pay status which means that the edit will be posted to the claim, but the claim will not be denied for that reason.

DSS will notify providers of the full activation of edit 258 that will cause claims submitted without a diagnosis code to deny in a separate notification prior to implementation.

Web Claim Submission Changes: Diagnosis panels currently have a drop-down list to select either the ICD-9, ICD-10 or Other Code Set.



The ICD-10 diagnosis code from the prescription/written order should be documented in the Principal diagnosis field.



Additional diagnoses can be listed in the Other fields located next to the Principal diagnosis field. Up to eleven (11) additional diagnoses can be listed on the claim.

If the prescribing licensed practitioner has not provided a diagnosis code in an ICD-10 diagnosis code set format, the Durable Medical Equipment (DME) provider must contact the prescriber and obtain a new prescription with the ICD-10 diagnosis code prior to submitting the claim. DSS will verify the presence of a diagnosis code on the written prescription/order via a post payment audit. Claims submitted with a diagnosis code which differs from the diagnosis documented on the written

prescription/order will be subject to recoupment.

PLEASE NOTE: Chapter 8 of the Provider Manual for MEDS will be updated to reflect the change to diagnosis requirements for claims submitted by DME providers. Chapter 8 is available from www.ctdssmap.com under Information > Publications > Provider Manual.