



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

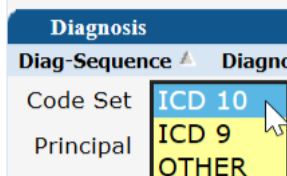
RE: Implementation of Diagnosis Requirements for Durable Medical Equipment Claims

Effective for dates of service January 1, 2020 and forward, the Department of Social Services (DSS) is fully implementing its Medical Equipment, Devices and Supplies (MEDS) claim submission diagnosis code requirements as previously announced in Provider Bulletin [2019-56](#).

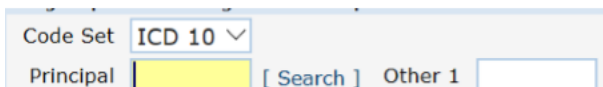
If the prescribing licensed practitioner has not provided a diagnosis code in an ICD-10 diagnosis code set format, the Durable Medical Equipment (DME) provider must contact the prescriber and obtain a new prescription with the ICD-10 diagnosis code prior to submitting the claim. DSS will verify the presence 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.

Effective for all MEDS claims with “from” dates of service January 1, 2020 and forward, the diagnosis code from the prescription/written order must be included at the header of the claim. All claims submitted without a diagnosis code will **DENY** and post Explanation of Benefits (EOB) code 258 - *Primary Diagnosis Code Missing*.

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 must 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.