MACSIS Communication
HIPAA 837P 5010 Update
Diagnosis Requirement
Sent on: December 8, 2011

Background:

ODADAS and ODMH will be implementing the ASC X12 837P version 5010 (hereafter referred to as 5010) to meet the January 1, 2012 compliance deadline. A significant change between the ASC X12 837P version 4010 and the 5010 is a diagnosis code is no longer situational but is required for all claims. Because MACSIS is a hybrid system that processes healthcare and non-healthcare related claims (an example being AoD prevention services billed using a pseudo UCI), this change is being accommodated to avoid critical errors for claims where, historically, no diagnosis was required.

Board Action Required:

Boards should work with providers to educate them on this change and should monitor the critical error reports/claim testing results to evaluate implementation of this solution.

Provider Action Required:

Effective for claims submitted in the 5010 format for services that historically required no diagnosis, providers will need to submit those claims using “NDX” for the diagnosis code. Please note that the code is all capital letters and there is no decimal point. See attached screen print.