LTC Claims Submitted With Diagnosis Codes Via TexMedConnect and EDI Will Require ICD Qualifier

Information posted July 23, 2015

Professional and Institutional Claims Submitted Via TexMedConnect

Effective August 28, 2015, professional and institutional long term care (LTC) claims submitted via TexMedConnect will require providers to manually select the *International Classification of Diseases, Ninth Revision* (ICD-9) or the *International Classification of Diseases, Tenth Revision* (ICD-10) diagnosis code qualifier. Updates to LTC professional and institutional claim templates will be required to accommodate these changes.

New TexMedConnect Field

*Qualifier drop-down menu located on the Diagnosis tab*

TexMedConnect will have a qualifier drop-down menu located on the Claim Submission – Step 2 of the Diagnosis tabs. The qualifier is required for all LTC professional and institutional claim submissions. If the qualifier information is not entered, providers will receive the following error message, “Qualifier is required.” For professional and institutional claims, if the qualifier selected does not match the Diagnosis code entered based on the Date(s) of Service, TexMedConnect will display the following error message: “Diagnosis [1234] is invalid. Matching diagnosis not found in the standard code set for Date of Service.”

*Note: [1234] will display exactly what value was entered into the Diagnosis code field(s).*

For more information, call the LTC Help Desk at 1-800-626-4117, Option 1.

Professional, Institutional, and Dental Claims Submitted Via EDI

Effective August 29, 2015, professional, institutional, and dental long term care (LTC) providers must submit a valid ICD-9 or ICD-10 diagnosis code and corresponding qualifier on all claims submitted through the Electronic Data Interchange (EDI). Health Insurance Portability and Accountability Act (HIPAA) edits will be enabled on August 29, 2015, that will validate diagnosis codes and the corresponding qualifier through EDI, and claims with invalid codes and qualifiers will reject. If an invalid code and qualifier is entered, providers will see the following error messages:

- “0x3939631 (SNIP 5): ICD-9-CM Diagnosis code is invalid in Health Care Diagnosis Code. Expected value is from external code list - ICD-9-CM Diagnosis Code (131).”
- “0x393964C (SNIP 5): ICD-10-CM Diagnosis code is invalid in Health Care Diagnosis Code. Expected value is from external code list - ICD-10-CM Diagnosis Code (897).”

For more information, call the EDI Help Desk at 1-888-863-3638. The EDI Help Desk is available from 7:00 a.m. to 7:00 p.m., Central Time, Monday through Friday.