



COMMISSIONER  
Chris Traylor

March 13, 2012

To: Adult Foster Care (AFC) Providers  
Assisted Living Facilities (ALFs)  
Community Attendant Services (CAS) Providers  
Community Based Alternatives (CBA) Providers  
Community Living Assistance and Support Services (CLASS) Providers  
Consumer Directed Services (CDS) Providers  
Consumer Managed Personal Attendant Services (CMPAS) Providers  
Day Activity Home Services (DAHS) Providers  
Deaf Blind with Multiple Disabilities (DBMD) Providers  
Emergency Response Services (ERS) Providers  
Family Care (FC) Providers  
Home Delivered Meals (HDM) Providers  
Medically Dependent Children Program (MDCP) Providers  
Primary Home Care (PHC) Providers  
Programs of All-Inclusive Care for the Elderly (PACE) Providers  
Special Services to Persons with Disabilities (SSPD) Providers  
Transition Assistance Services (TAS) Providers

Subject: Information Letter 12-21  
New EDI 5010 Diagnosis Code Requirement – affects Claim Submission and Payment

Federal HIPAA (Health Insurance Portability and Accountability Act) rules mandate that all Electronic Data Interchange (EDI) transactions must include a diagnosis code on all claims submitted for payment via EDI Version 5010. The Centers for Medicare and Medicaid Services has mandated an April 1, 2012, deadline for all transactions to be compliant with EDI Version 5010.

For services that do not require a diagnosis, providers should use the following diagnosis code on all claims submitted to the Texas Medicaid & Healthcare Partnership (TMHP):

*Code 799.9 – Other unknown and unspecified cause of morbidity and mortality*

Providers are requested to direct all EDI 5010 questions and support requests to the TMHP EDI Version 5010 Implementation email address at: [EDI5010Support@tmhp.com](mailto:EDI5010Support@tmhp.com).

Sincerely,

*[signature on file]*

Gordon Taylor  
DADS Chief Financial Officer

GT:nmp