



# Diagnosis Codes 5010 Quick Reference

## Information for Providers



Effective 01/01/12, electronic Medicaid claims must conform to the new Federal HIPAA 5010 standards. These standards require all claims to contain an ICD-9 diagnosis code. Diagnosis codes are a required field in the 5010 transaction formats. If you do not submit one, your claim will reject and it will take longer for you to get paid.

### Diagnosis Codes

Default diagnosis codes listed in the table below have been identified for providers that do not have access to a recipient's medical records. If you are currently using a diagnosis code that is a valid code and is more specific for the services you are providing, continue using that code. Otherwise, use one of the following default codes.

Provider Type	Provider Description	ICD-9 Code*	ICD-9 Description
HC#####	Home and Community Based Agency (HCB)	780.99	Other general symptoms
RL#####	Residential Supported Living Arrangements	V60.6	Person living in residential institution
EM#####	Environmental Modifications	V60.1	Inadequate housing
CMG#####	Care Coordination	780.99	Other general symptoms
AC##### HM##### HO#####	Pre-Maternal Home	V22.2	Pregnancy state, incidental
PCG#####	Personal Care Agency	799.9	Other unknown and unspecified cause
SB#####	School Based Services	780.99	Other general symptoms
TR##### TX##### AC##### HM##### HO#####	Taxi Services and Hotel/Motel	V63.0	Residence remote from hospital or other health care facility
BR#####	Behavioral Rehabilitation	V60.6	Person living in residential institution
MS#####	Lifeline Waiver	780.99	Other general symptoms

\*Note: The ICD-9 diagnosis codes are entered without the decimal in Payerpath.

### Tips for Working with Diagnosis Codes

- Use ICD-9 diagnosis codes.
- Each claim type allows you to submit up to a certain number of codes, as follows:
  - Professional Claims – 8 codes
  - Institutional Claims – 26 codes
  - Transportation Claims – 4 codes
- A pointer is required for each diagnosis code entered.
- Use a “1” in the diagnosis pointer field to indicate the primary diagnosis, a “2” for a secondary diagnosis, and so on.

### Need Help or Have Questions?

#### Watch for Updates, New Alerts

Watch for information on this topic in the following resources:

- RA Messages
- ACS Monthly Newsletter
- [www.medicaidalaska.com](http://www.medicaidalaska.com)

#### Contact Alaska HIPAA Support Team

Email: [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com)  
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