



# NETWORK *Notification*

**Notice Date:** July 13, 2020  
**To:** Ohio MyCare Providers  
**From:** CareSource  
**Subject:** Waiver Claims and ICD-10 Coding  
**Effective Date:** July 1, 2020

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## **Summary**

As part of CareSource's commitment to continuous improvement, we are focused on ensuring quality of care for all our members. Diagnosis codes are used as a tool to group and identify diseases, disorders, symptoms, poisonings, adverse effects of drugs and chemicals, injuries, and other reasons for patient encounters. It is critical that the proper codes are assigned during the initial authorization and that the same codes are used throughout the billing and encounters process.

## **Impact**

The use of ICD-10 diagnosis codes is a mandate that applies to all parties covered by HIPAA, not just providers who bill for Medicare or Medicaid. The ICD-10 rule mandates that HIPAA-covered entities, including providers and payers, implement ICD-10 for medical coding.

## **Importance**

The use of proper diagnosis codes to identify member-specific conditions and/or disease processes and/or injury will ensure more efficient and accurate processing of your claims.

**Effective July 1, 2020, CareSource is reinforcing the requirement that all providers submit HIPAA-compliant diagnosis codes for every claim submitted, including waiver claims.**

## **Questions?**

For more information on ICD-10 coding, use and selection, please visit Centers for Medicare & Medicaid Services' (CMS) [webpage](#).

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