

MACSIS Communication

Diagnosis Codes Update

Sent on: March 12, 2012

Background:

For claims with dates of service on and after July 1, 2012, ODADAS and ODMH updated MACSIS logic to reflect alignment with the American Medical Association (AMA) billing diagnostic coding criteria. Additional updates were made to enforce alignment of a billing diagnosis with the service being billed. This change also affected the usage of the "V" codes. After these changes were implemented, the provider community approached ODADAS and ODMH to request some minor adjustments to the policies. On January 27, 2012 (although the letter actually says January 27, 2011) the departments released a communication indicating that there would be minor policy adaptations of this policy related to the AoD assessment service and the MH assessment by a non-Physician.

The minor MACSIS reconfigurations to support the policy changes are reflected in the previously mentioned communication were implemented on the evening of Sunday, March 4, 2012.

Board Action Required:

No Action Required

Provider Action Required:

Providers may begin submitting claims, independent of the date of service, in alignment with the policy changes as communicated in the January 27, 2012 communication.