

interChange Provider Important Message

Attention: All Providers

CHANGE TO THE CODE SET INDICATOR FOR WEB CLAIMS ON OCTOBER 1, 2015: ICD-10 codes will be implemented in the Connecticut Medical Assistance Program (CMAP) on October 1, 2015. Providers will be required to submit claims for dates of service 10/1/2015 forward with ICD-10 codes. As a part of the ICD-10 implementation in CMAP, the default Code Set indicator in the Diagnosis panel of the Web claims page from the secure provider portal on www.ctdssmap.com will be changed from ICD-9 to ICD-10 on October 1, 2015.

Diag-Sequence	Diagnosis	Description
Code Set	ICD 10	
Principal	ICD 9	[Search]

The Code Set indicator on the Web claims is a dropdown field and providers have the ability to select the appropriate indicator based on the date of service. If submitting claims from the Web portal for dates of service prior to 10/1/2015 after the ICD-10 implementation, providers will need to make sure that they select the code set indicator for ICD-9. Please refer to [Provider Bulletin 2015-61](#) for date of service logic for ICD-10 implementation in CMAP.

If there is a mismatch between the code set indicator and the diagnosis code(s) entered on the claim, providers will encounter an error message(s) similar to the message shown below. The error(s) will need to be corrected before the claim can be submitted from the secure Web portal.

The following messages were generated:		
Message Description	Panel	Field
 Principal is not a valid diagnosis.	Diagnosis	Principal

Professional Claim

*For Institutional claims, in addition to selecting the Code Set on the Diagnosis tab, providers will have to select the Code Set on the Cause of Injury and Reason for Visit diagnosis tabs, if applicable. For Inpatient and inpatient crossover claims, providers will need to select the Code Set on the Surgical Procedure tab, if applicable.

