

# Network Notifications

New Hampshire



Date: May 31, 2024 Number: 100

To: All WellSense Providers

From: WellSense Health Plan

Subject: **Supplemental Diagnosis Code Submission Instructions – Professional and Outpatient Facility Claims**

Product:  NH Medicaid  NH Medicare Advantage

## Supplemental Diagnosis Code Submission Instructions – Professional and Outpatient Facility Claims

Effective August 1, 2024, providers must submit all diagnoses for each visit when substantiated in the medical record in order to ensure that the disease burden of members is accurately reported. Because standard claim reporting only allows the submission of up to 12 diagnosis codes on a professional transaction or 25 diagnosis codes on an institutional transaction, providers must submit additional diagnosis codes on a secondary claim as follows:

- Report one unit of CPT 99499 with the modifier UB. No other modifiers are allowed.
- Report zero dollar charges.
- Report all additional ICD-10 diagnosis codes that were not reported on the primary claim.
- Outpatient facility claims must be reported with revenue code 0220.
- No other services should be billed on the secondary claim with 99499UB.
- The member, billing provider and date of service must match what was reported on the primary claim.

WellSense payment policies General Billing and Coding Guidelines, 2186 and 2208 have been updated with these instructions.

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## Questions?

If you have any questions about this network notification, please contact your dedicated Provider Relations Consultant or call the WellSense Provider Line at 877-957-1300, option 3 (NH Medicaid) or 866-808-3833 (Medicare Advantage). All WellSense [network notifications](#) and [payment policies](#) are available at [wellsense.org](https://wellsense.org).