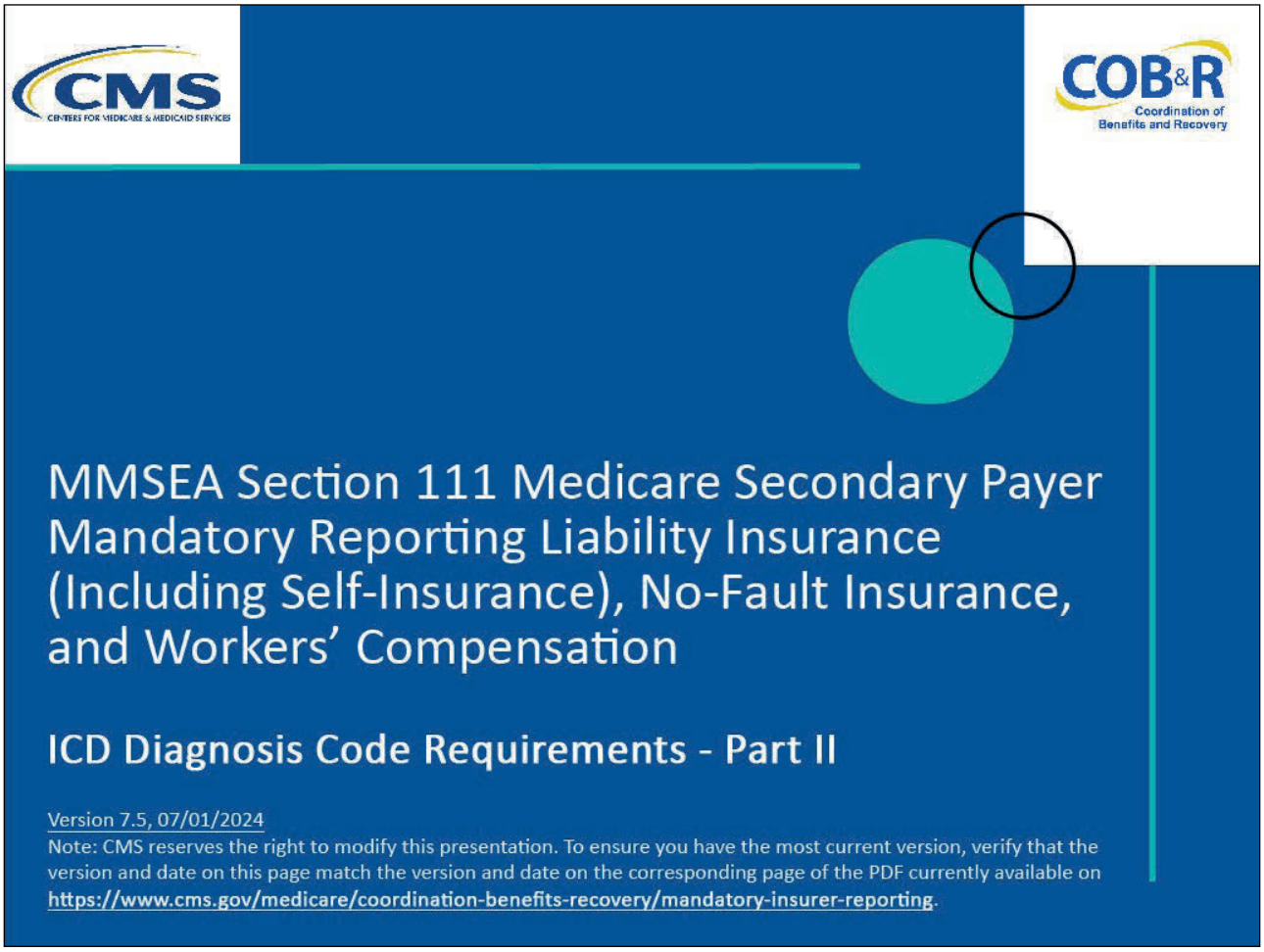
ICD Diagnosis Code Requirements Part II Introduction

Slide 1 of 23 - ICD Diagnosis Code Requirements Part II Introduction

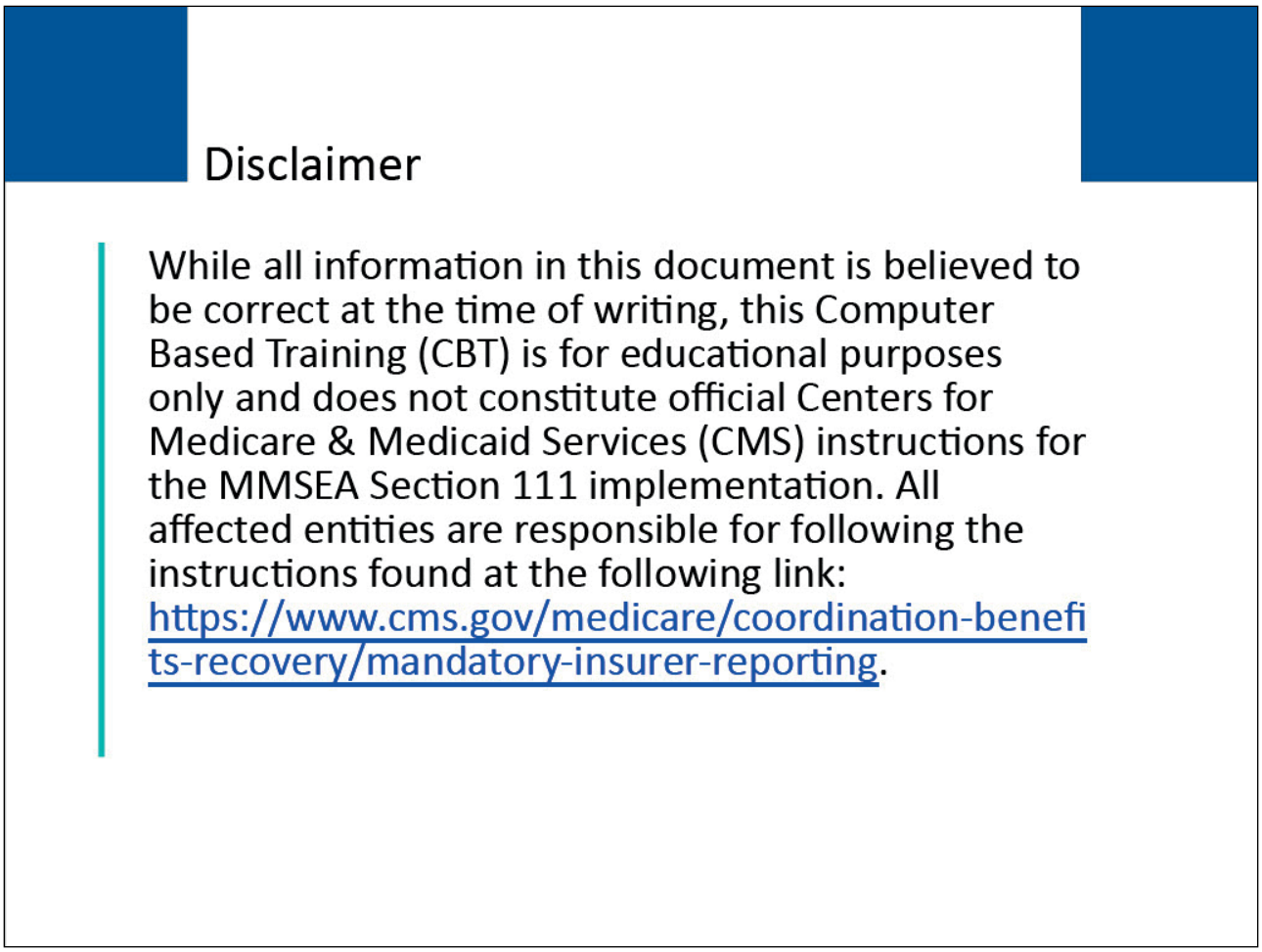


Slide notes

Welcome to the International Classification of Diseases (ICD) Diagnosis Code Requirements Part II course.

Note: This module applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission as well as those RREs that will be submitting this information via direct data entry (DDE).

Slide 2 of 23 - Disclaimer

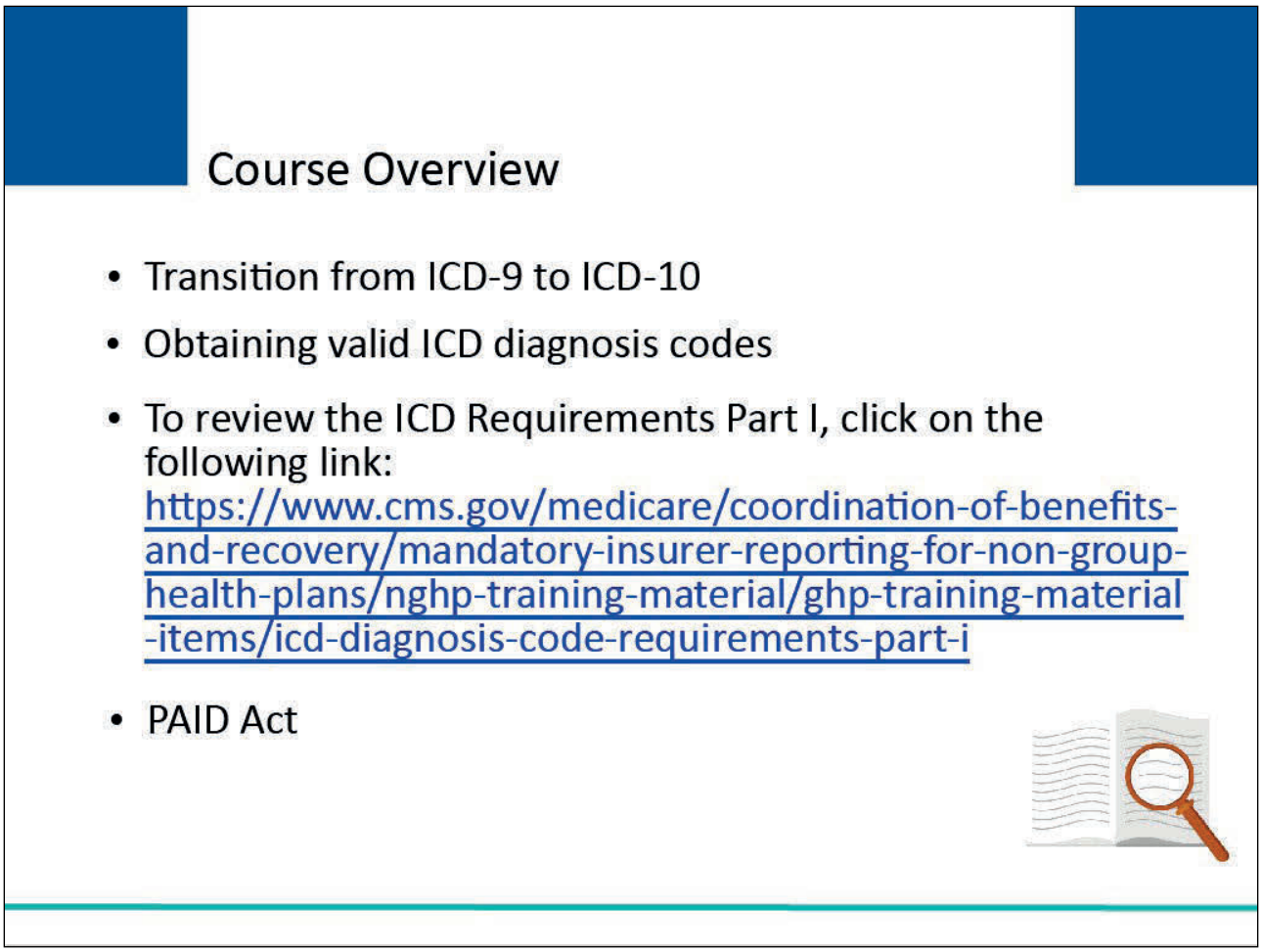


Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following site: CMS NGHP Website.

Slide 3 of 23 - Course Overview



Slide notes

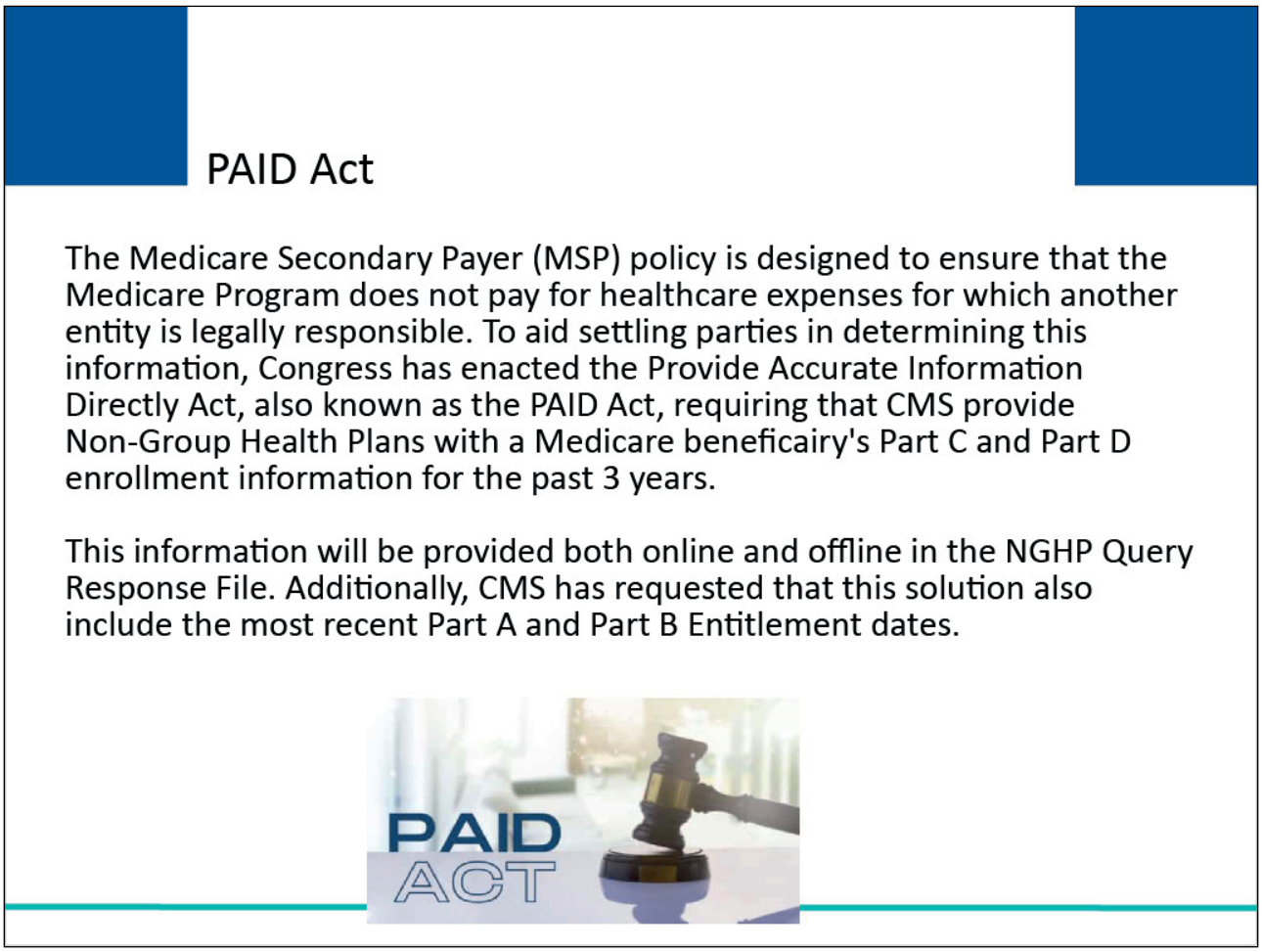
This module explains the transition from ICD-9 to ICD-10 and explains where an RRE can obtain valid ICD diagnosis codes.

Please note: ICD Diagnosis Code Requirements Part I elaborates upon the ICD-9 and ICD-10 transitions, explains the importance of valid ICD diagnosis codes for Section 111 reporting, describes what these codes are used for, clarifies the ICD diagnosis code reporting requirements and explains how to locate an appropriate ICD diagnosis code.

If you have not reviewed ICD Diagnosis Codes Requirements Part I, begin with that course by going to the following link: ICD Diagnosis Codes Requirements Part I.

Once on the main NGHP page, click the NGHP Training Materials link on the left side menu and scroll to the Downloads section.

Slide 4 of 23 - PAID Act



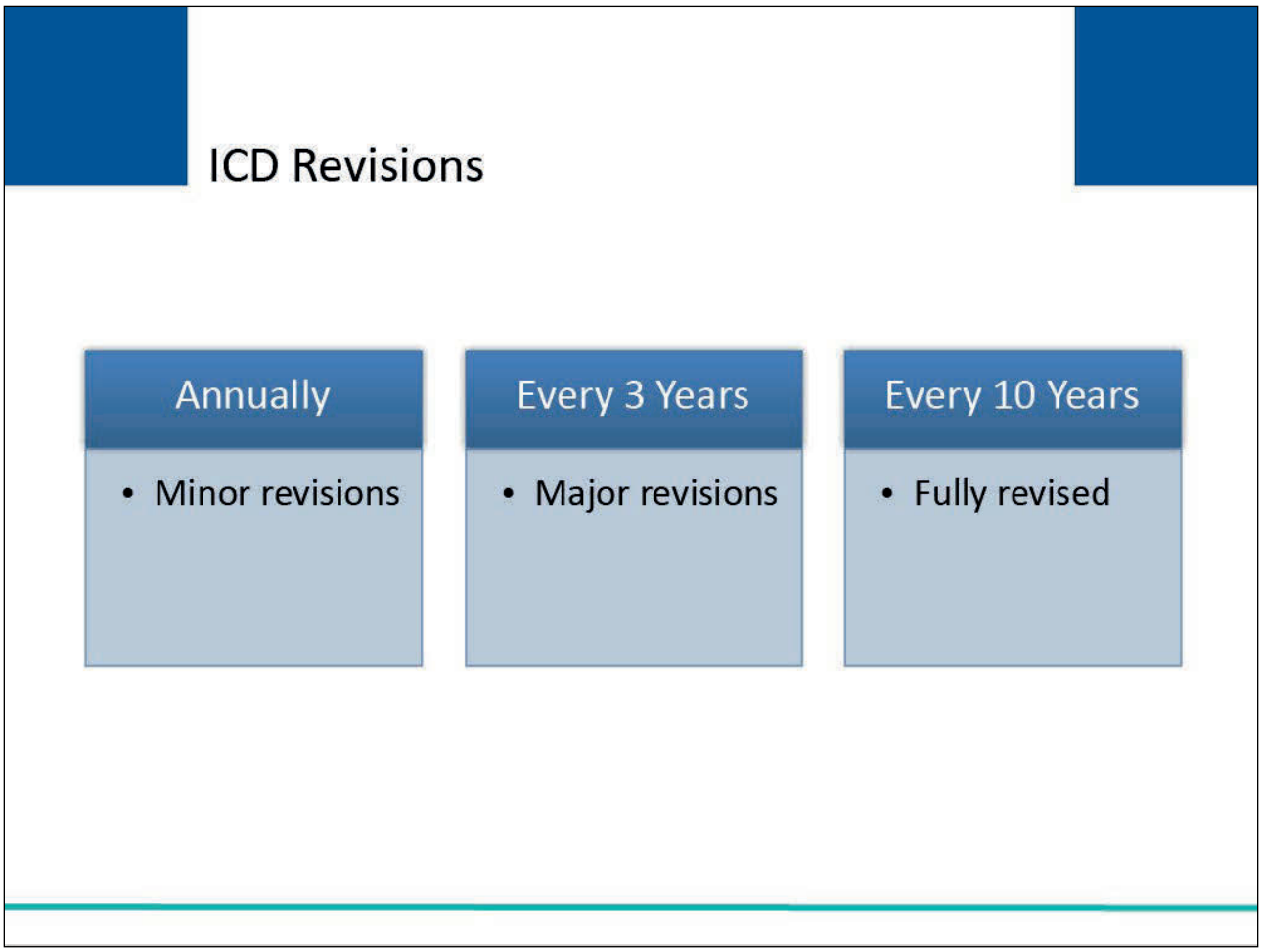
Slide notes

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 23 - ICD Revisions

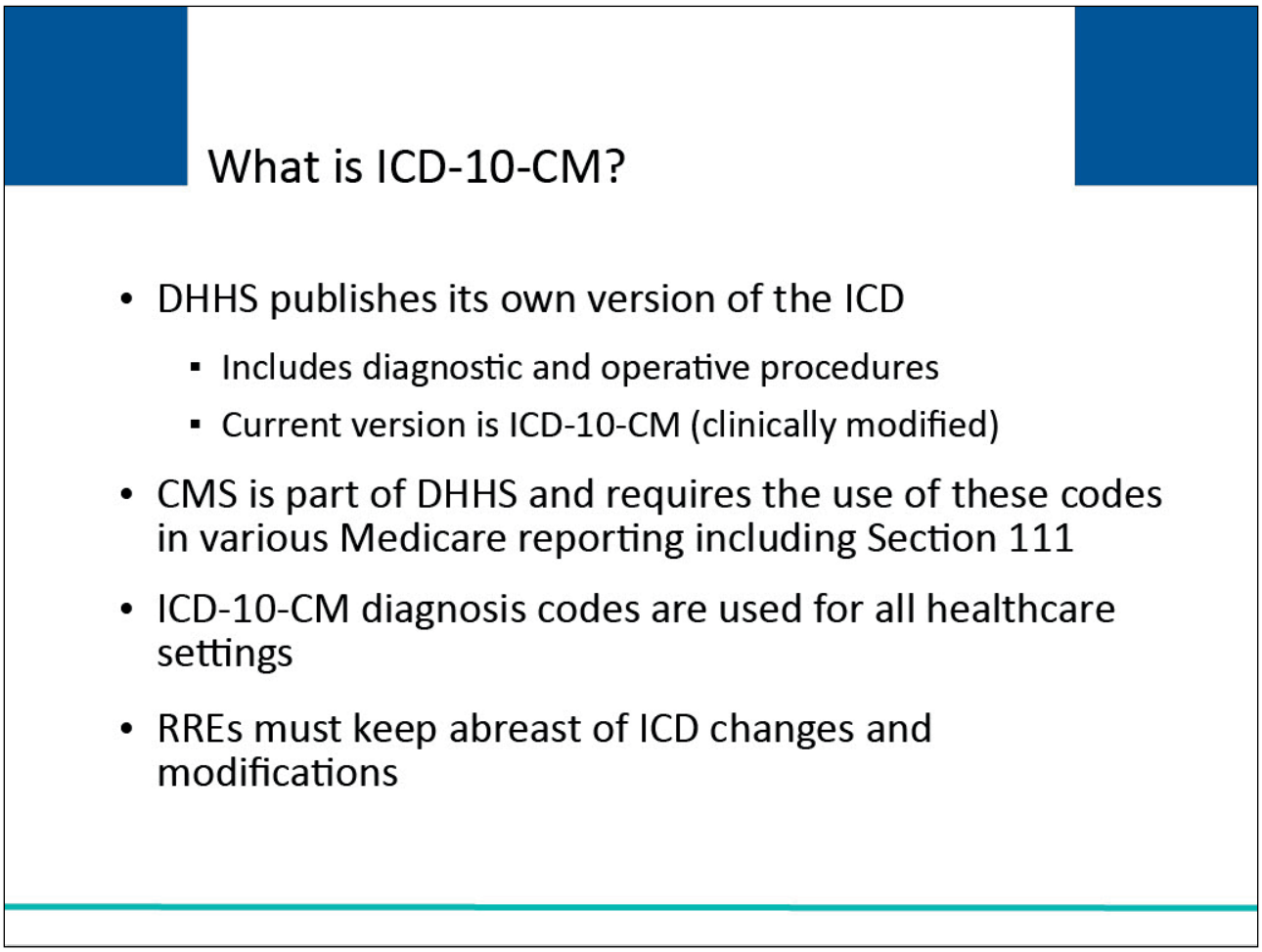


Slide notes

The ICD is updated annually with minor revisions and every three years with major revisions. It is republished in a fully revised version every ten years.

Note: Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for download on CMS.gov at ICD-9/ICD-10 Excluded and Valid Codes for FY 2023 Spreadsheet (Appendix A, Appendix F, and Appendix I).

Slide 6 of 23 - What is ICD-10-CM?



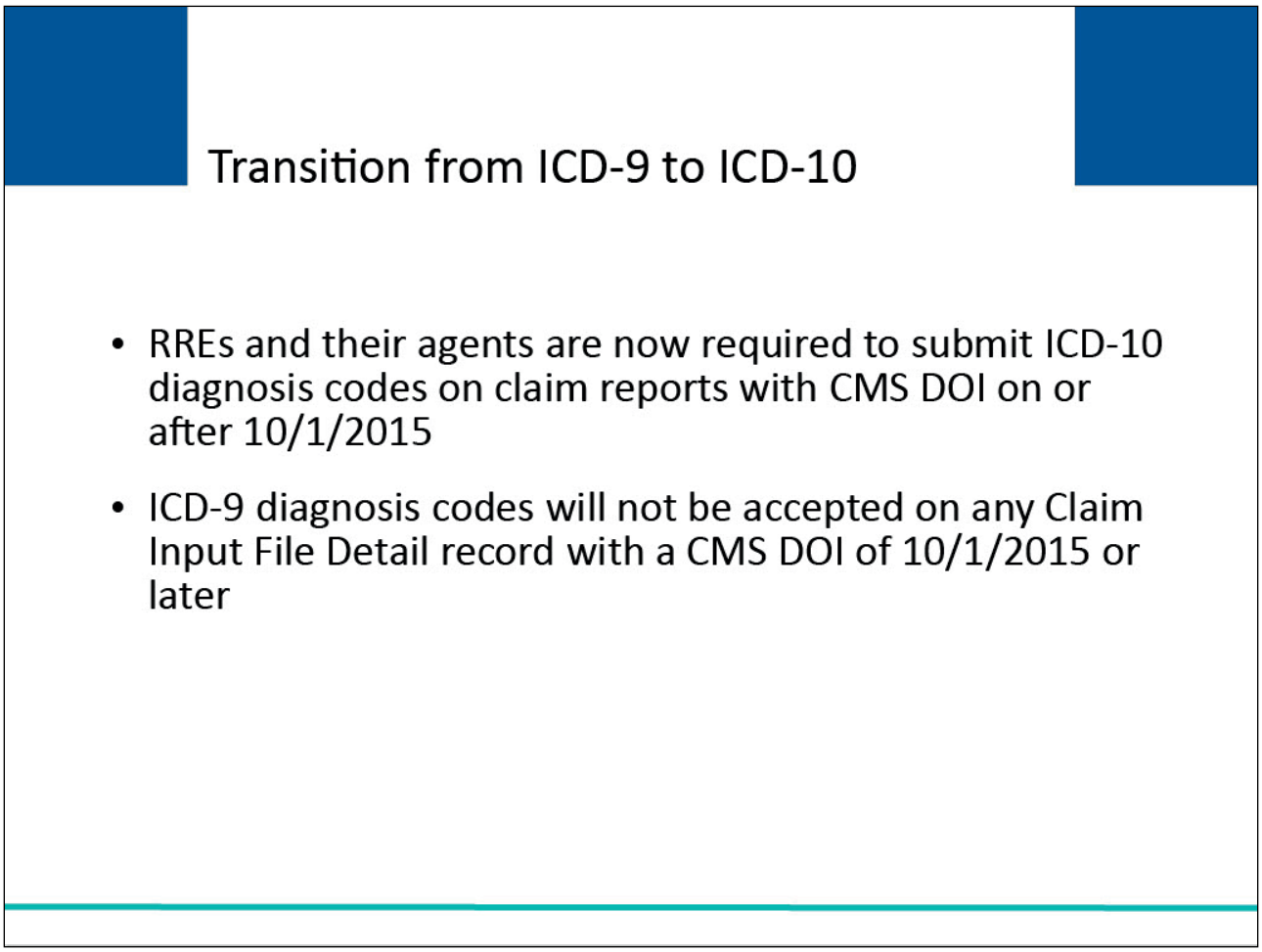
Slide notes

The United States Department of Health and Human Services (DHHS) publishes its own further indexed version of the ICD to include diagnostic and operative procedures, which at present is ICD-10-CM, meaning clinically modified.

CMS is part of DHHS and requires the use of these codes in various Medicare reporting, including Section 111.

The diagnosis codes in ICD-10-CM have been adopted under the Health Insurance Portability and Accountability Act (HIPAA) for all healthcare settings. RREs must keep abreast of the changes and modifications applied to the ICD.

Slide 7 of 23 - Transition from ICD-9 to ICD-10

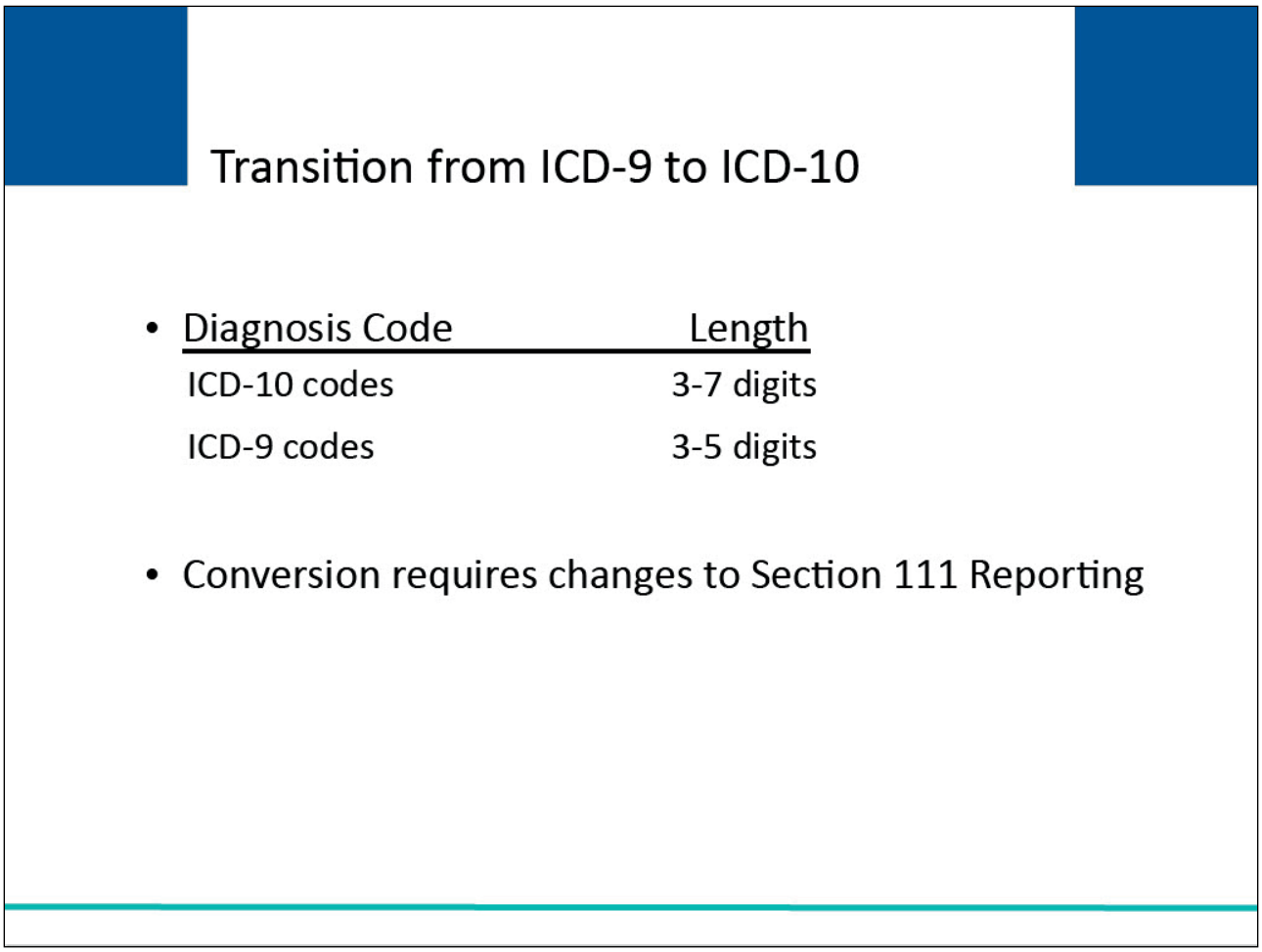


Slide notes

RREs and their agents are now required to submit ICD-10 diagnosis codes on claim reports on or after 10/1/2015.

ICD-9 diagnosis codes will not be accepted on any Claim Input File Detail record with a CMS DOI of 10/1/2015 or later.

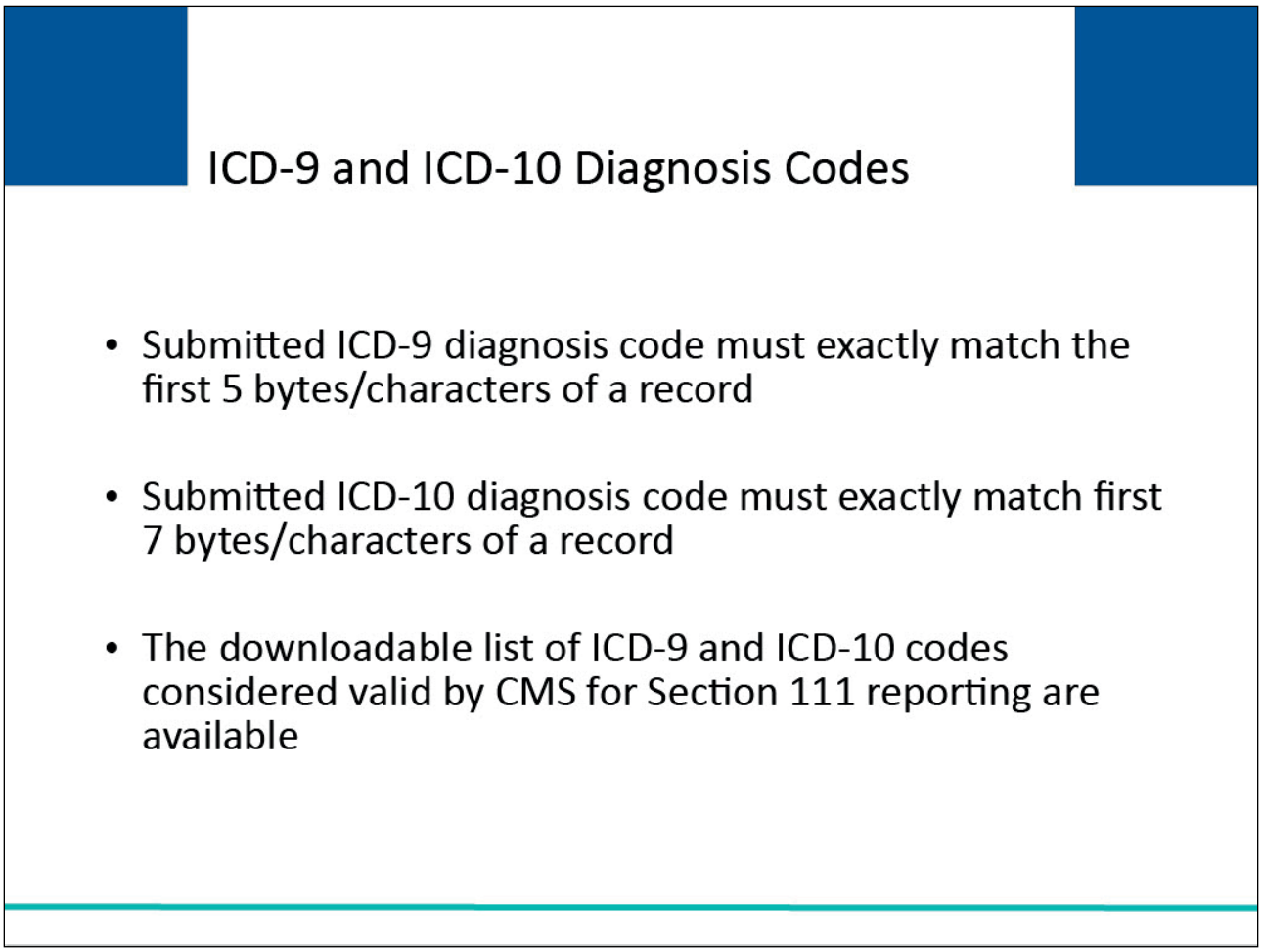
Slide 8 of 23 - Transition from ICD-9 to ICD-10



Slide notes

ICD-10 codes are alphanumeric and contain three to seven digits instead of the three to five digits used with ICD-9. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to Section 111 reporting.

Slide 9 of 23 - ICD-9 and ICD-10 Diagnosis Codes

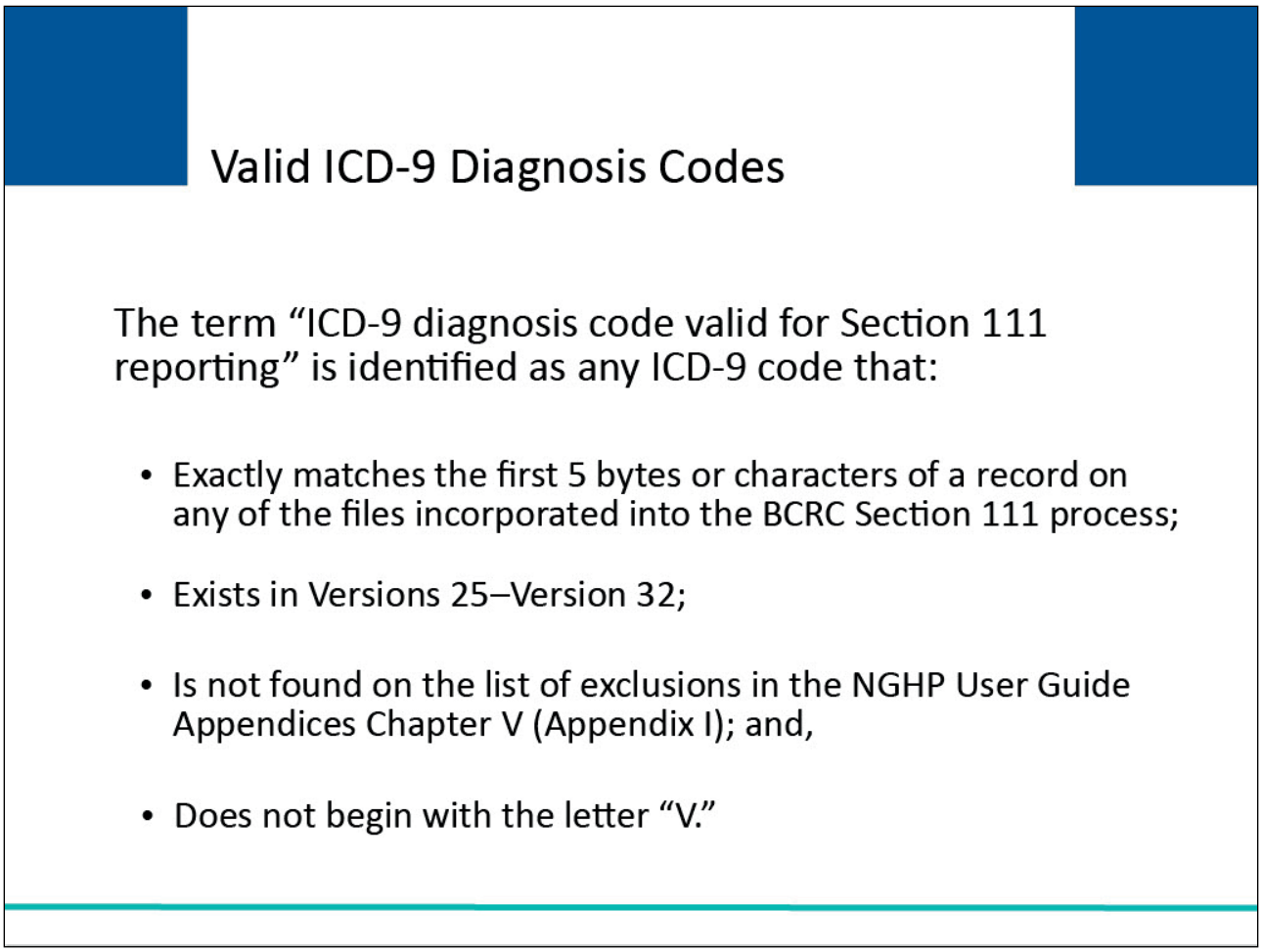


Slide notes

A submitted ICD-9 diagnosis code must exactly match the first five bytes/characters of a record. A submitted ICD-10 diagnosis code must exactly match the first seven bytes/characters of a record.

The downloadable list of ICD-9 and ICD-10 codes considered valid by CMS for Section 111 reporting are posted under the “Reference Materials” menu option of the Section 111 COBSW at Section 111 COBSW.

Slide 10 of 23 - Valid ICD-9 Diagnosis Codes



Slide notes

CMS has also published a list of valid ICD-9 diagnosis codes at the following link: Valid ICD-9 Diagnosis Codes. Version 32 is the last ICD-9 file that will be provided by CMS since ICD-10 was implemented on October 1, 2015.

CMS will continue to maintain the ICD-9 code website with the posted files.

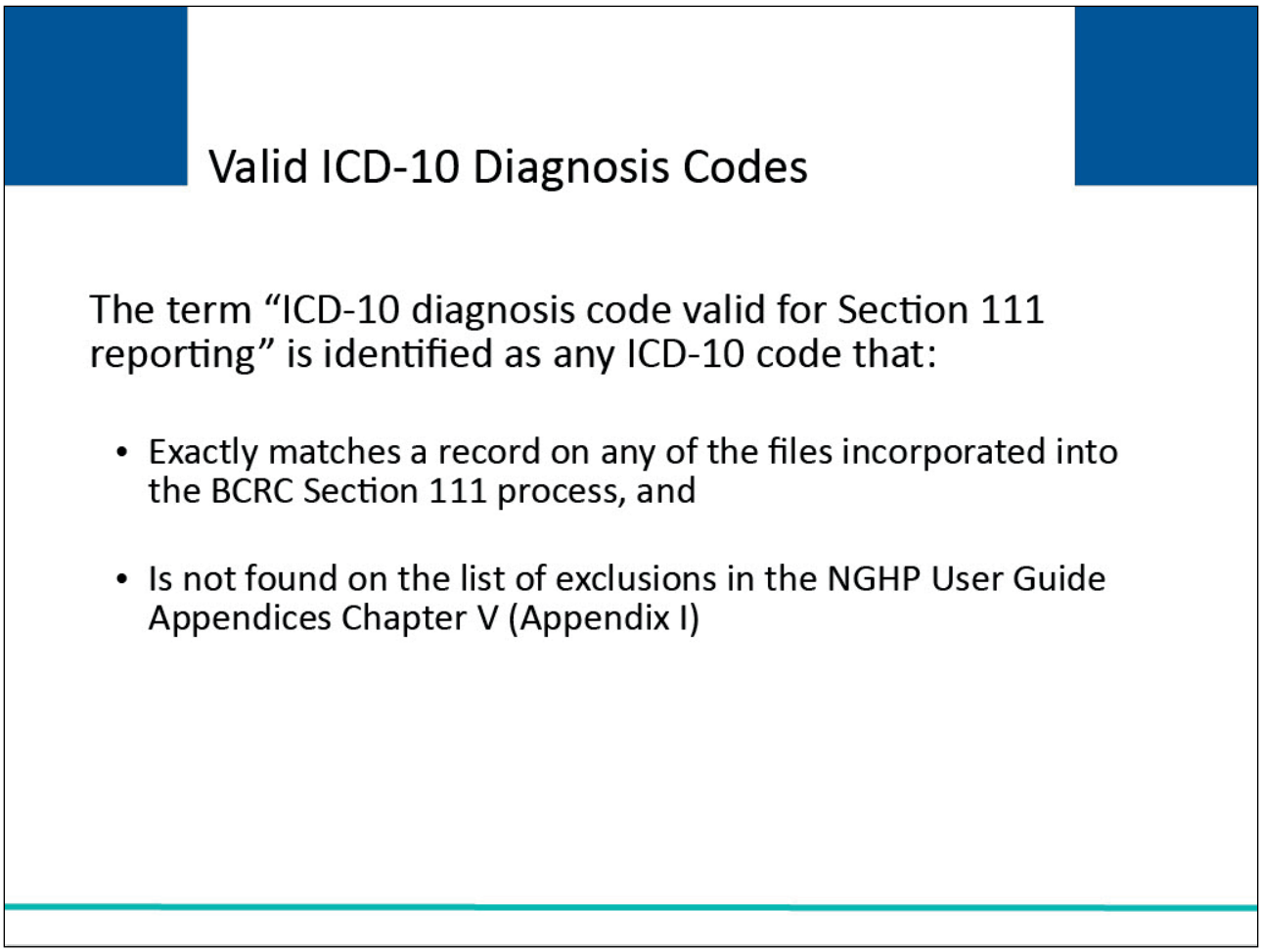
These are the codes providers (physicians, hospitals, etc.) and suppliers must use when submitting claims to Medicare for payment. These codes form the basis of those used for Section 111 reporting, with some exceptions.

The BCRC will consider any ICD-9 diagnosis code found in any of versions 25-32 that is posted to the website above as valid, as long as that code does not appear on the list of Excluded ICD-9 Diagnosis Codes in the NGHP User Guide Appendices Chapter V (Appendix I), and does not begin with the letter "V."

Note: To ensure Section 111 compliance, CMS advises RREs to download the file of ICD-9 diagnosis codes valid for Section 111 reporting from the Reference Materials menu option on the Section 111 COBSW at the following link: Section 111 COBSW rather than working with the files linked above. The

ICD diagnosis code(s) reported starting in Field 18 are critical and must accurately describe the injury, incident, or illness being claimed or released or for which ORM is assumed.

Slide 11 of 23 - Valid ICD-10 Diagnosis Codes



Slide notes

Text and Excel files containing the list of valid ICD-10 diagnosis codes (that is, admissible) for Section 111 reporting are available for download on the Section 111 COBSW at Section 111 COBSW.

RREs may obtain this list by clicking on the link found under the Reference Materials menu option. RREs are advised to use this list of valid ICD-10 diagnosis codes posted to the Section 111 COBSW.

Once an ICD-10 diagnosis code is accepted for Section 111 reporting, it will not be removed from the list of valid codes.

It may continue to be submitted on subsequent update transactions (unless presently unforeseen updates are made to the list of excluded codes). ICD-10 codes are to be submitted with no decimal point.

If any ICD-10 diagnosis code is submitted that is invalid (that is, inadmissible) for Section 111 reporting, the record will be rejected.

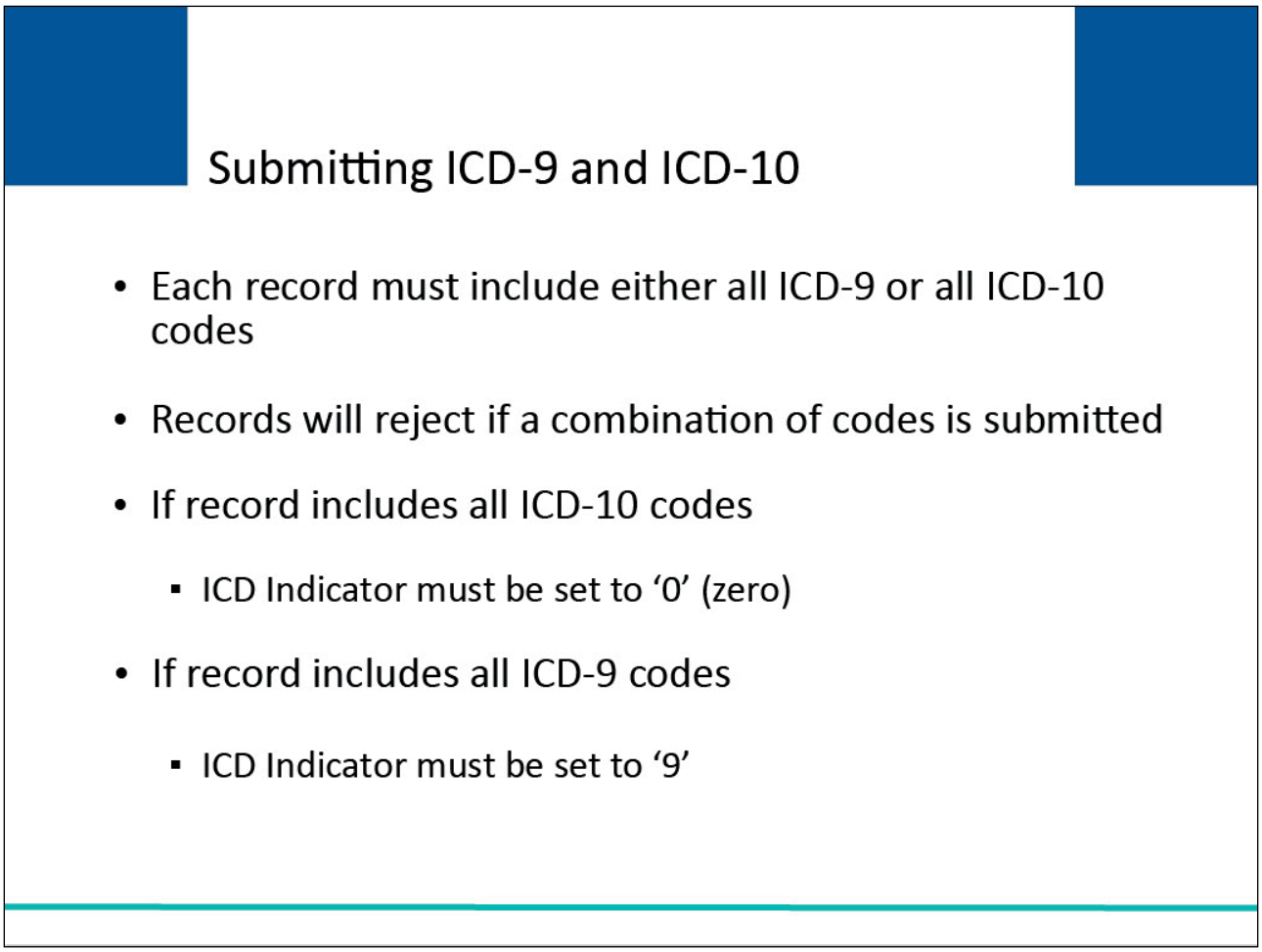
The record will be returned with an error associated to the field in which the invalid code was submitted, even if valid codes are supplied in one or more of any other ICD diagnosis code fields. More specific requirements are given below.

CMS has published lists of valid ICD-10 diagnosis codes at: Valid ICD-10 Diagnosis Codes.

These are the codes providers (physicians, hospitals, etc.) and suppliers must use when submitting claims to Medicare for payment with a CMS DOI of 10/1/2015 and later. CMS will add updated codes to this web page for subsequent years.

The codes posted to the CMS website effective October 1 of the current year and will be incorporated into Section 111 processing as of January 1 of the upcoming year.

Slide 12 of 23 - Submitting ICD-9 and ICD-10



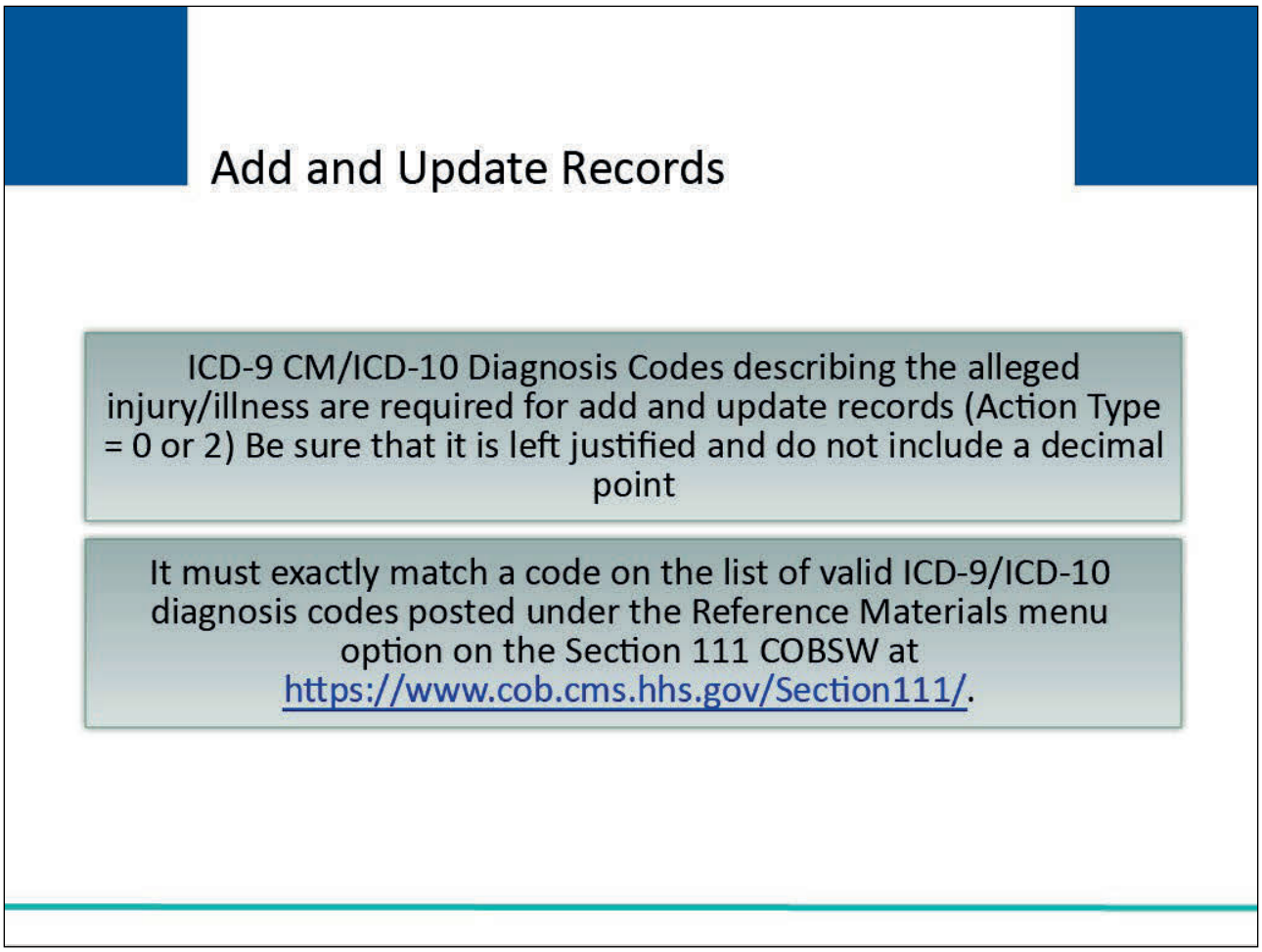
Slide notes

Each add or update record must include either all ICD-9 codes or all ICD-10 codes, but not a mixture of each. If a combination of codes is submitted, the record will reject.

If the record includes all ICD-10 diagnosis codes, the ICD Indicator field (position 168 of the revised Claim Input File Detail Record) must be set to '0' (zero).

If a value of space or '9' is submitted, the submitted diagnosis codes must all be ICD-9 codes.

Slide 13 of 23 - Add and Update Records

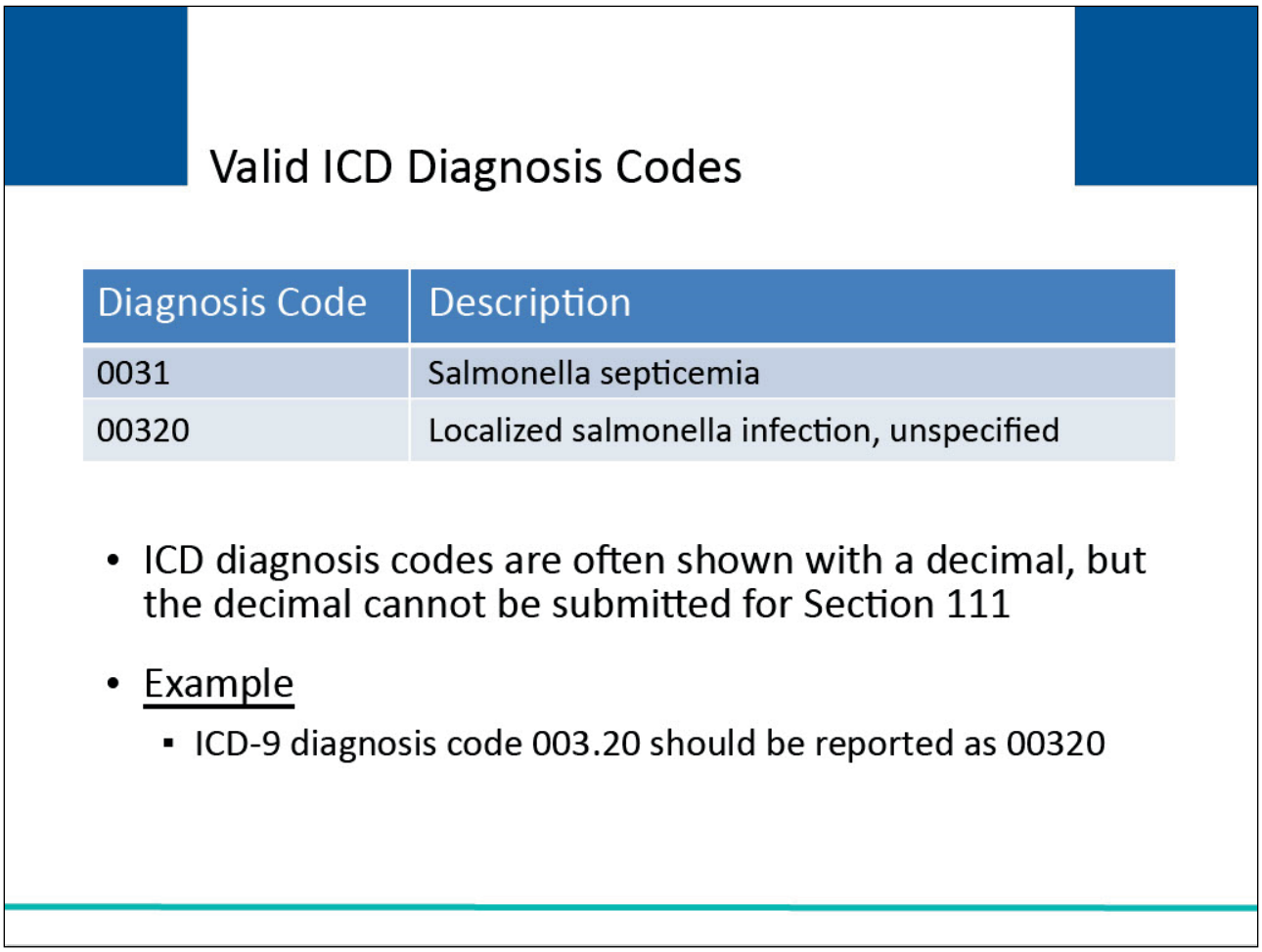


Slide notes

ICD-9 CM/ICD-10 Diagnosis Codes describing the alleged injury/illness is required for add and update records (Action Type = 0 or 2). Be sure that it is left justified and does not include a decimal point.

It must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at the following link: Section 111 COBSW.

Slide 14 of 23 - Valid ICD Diagnosis Codes



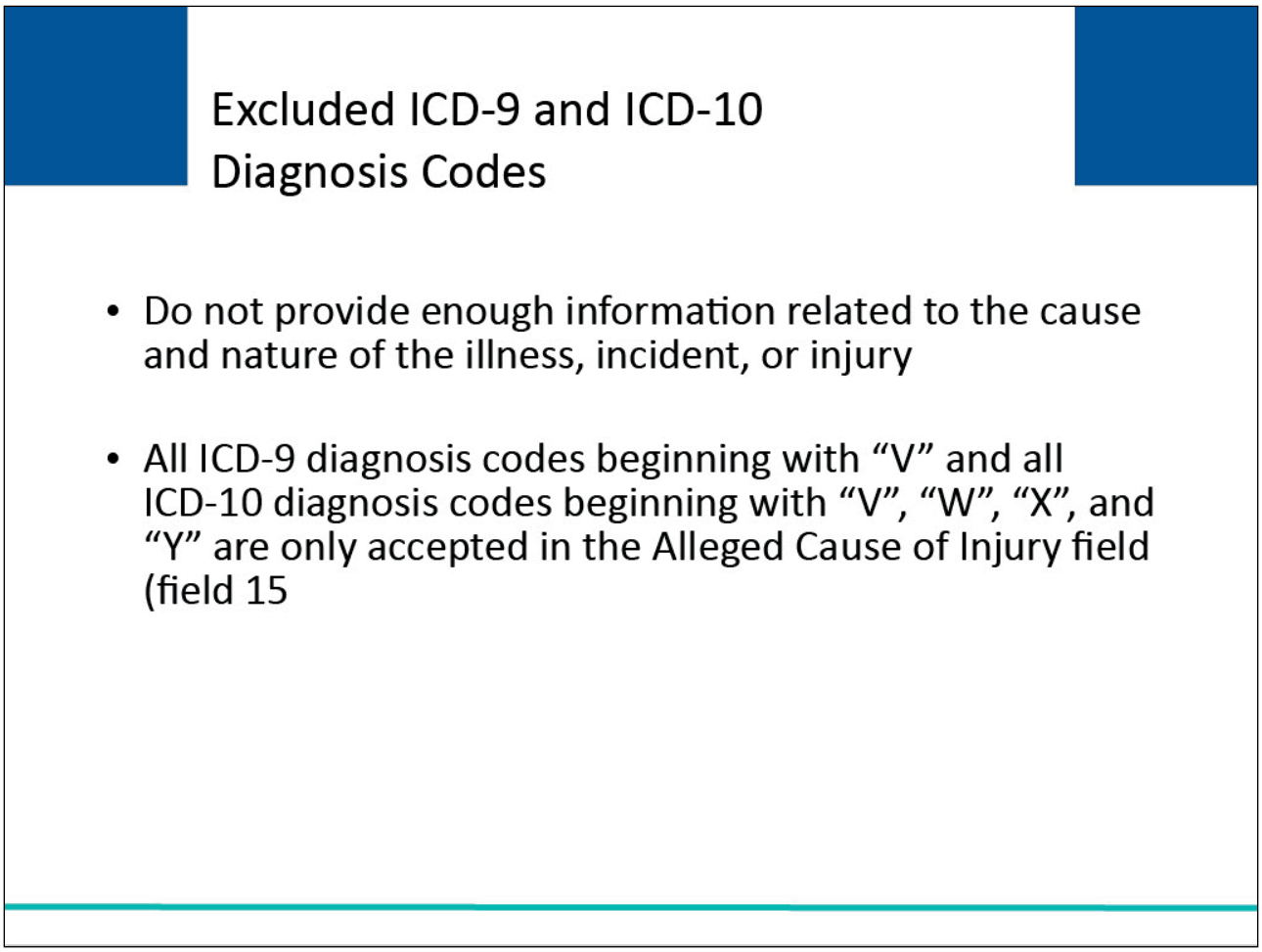
Slide notes

On this slide, you will see a sample of some diagnosis codes that were taken from one of the CMS downloadable files. Please Note: You will often see ICD diagnoses with a decimal.

However, the files downloaded from the CMS site will not include the decimal and when ICD diagnosis codes are supplied on Section 111 files, the decimal cannot be included.

For example, although the ICD-9 diagnosis code for Localized salmonella infection, unspecified is commonly known as 003.20, when reporting this code for Section 111, it should be reported as 00320 (i.e., no decimal point).

Slide 15 of 23 - Excluded ICD-9 and ICD-10 Diagnosis Codes



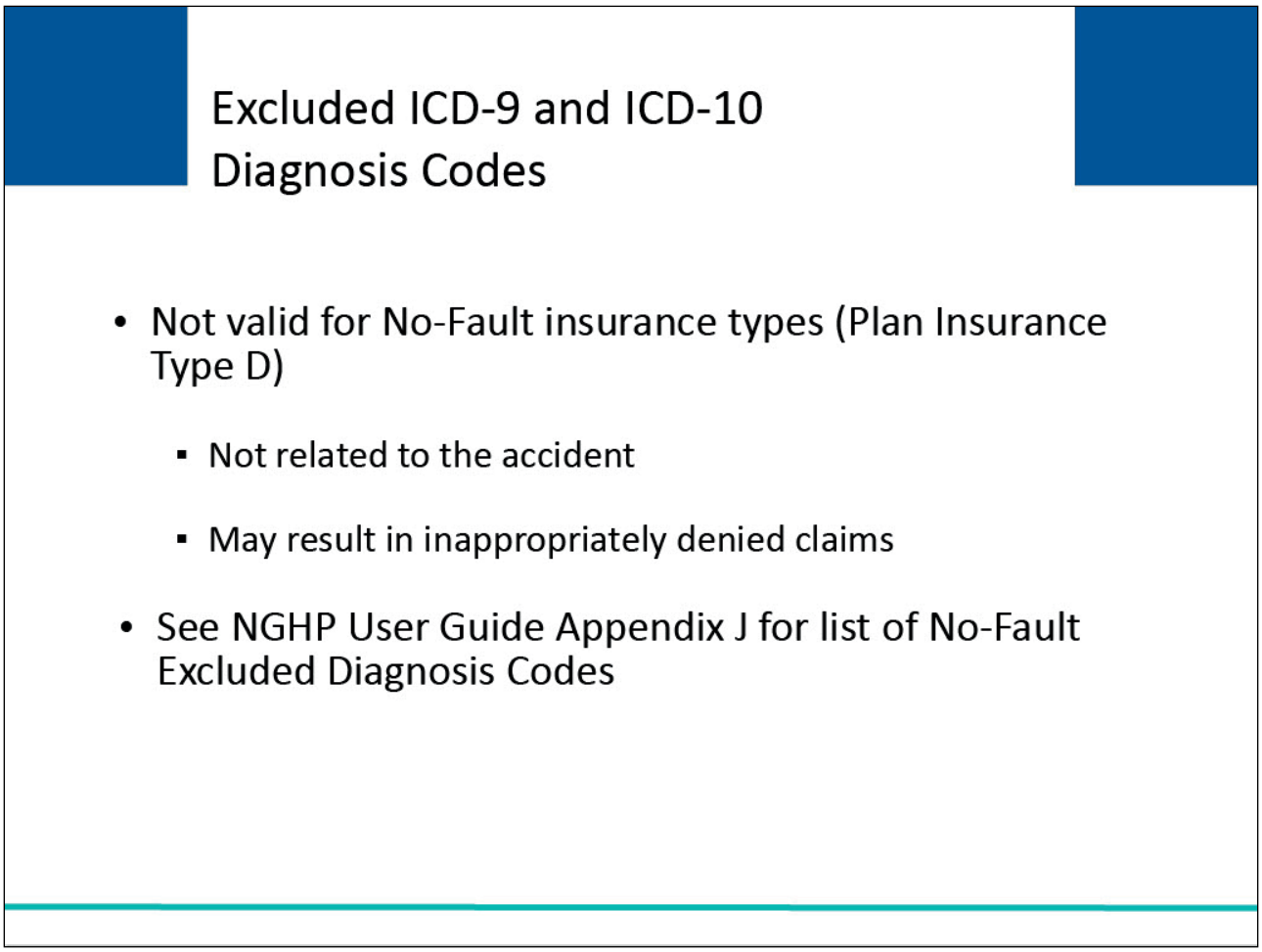
Slide notes

CMS has determined that certain ICD-9/ICD-10 diagnosis codes published on the downloadable files listed on their website do not provide enough information related to the cause and nature of an illness, incident, or injury to be adequate for Section 111 reporting and therefore must be excluded from claim reports.

All ICD-9 Diagnosis codes beginning with the letter “V” and all ICD-10 diagnosis codes beginning with the letters “V”, “W”, “X”, and “Y” are only accepted in the Alleged Cause of Injury field (field 15).

They are not listed singly on the exclusion list in the NGHP User Guide. None of these codes will be accepted for Section 111 diagnosis reporting beginning in Field 18.

Slide 16 of 23 - Excluded ICD-9 and ICD-10 Diagnosis Codes

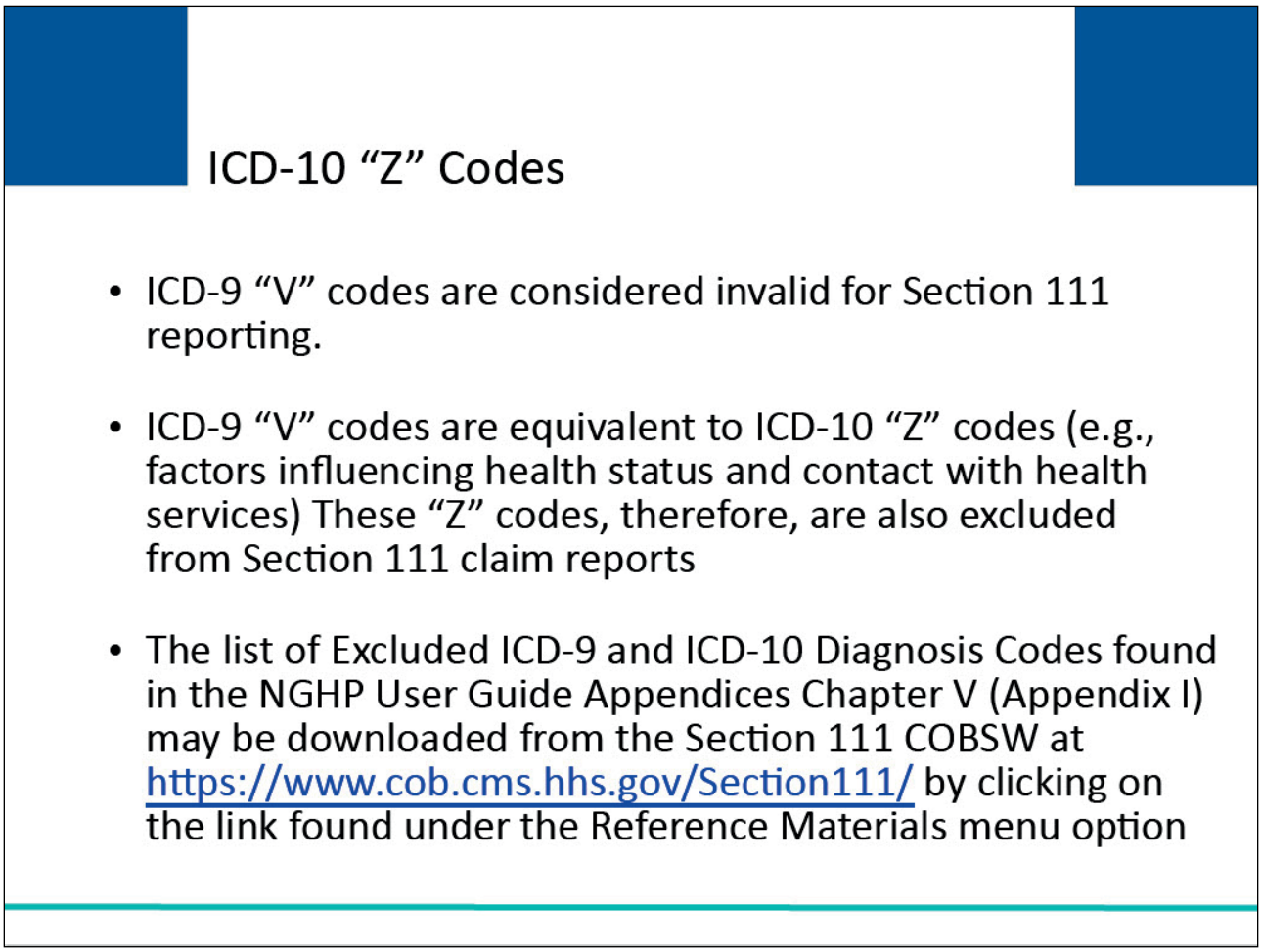


Slide notes

Certain codes are not valid for No-Fault insurance types (Plan Insurance Type is “D” in field 51), because they are not related to the accident, and may result in inappropriately denied claims.

See NGHP User Guide Appendices Chapter (Appendix J) for a list of No-Fault Excluded Diagnosis Codes.

Slide 17 of 23 - ICD-10 "Z" Codes



Slide notes

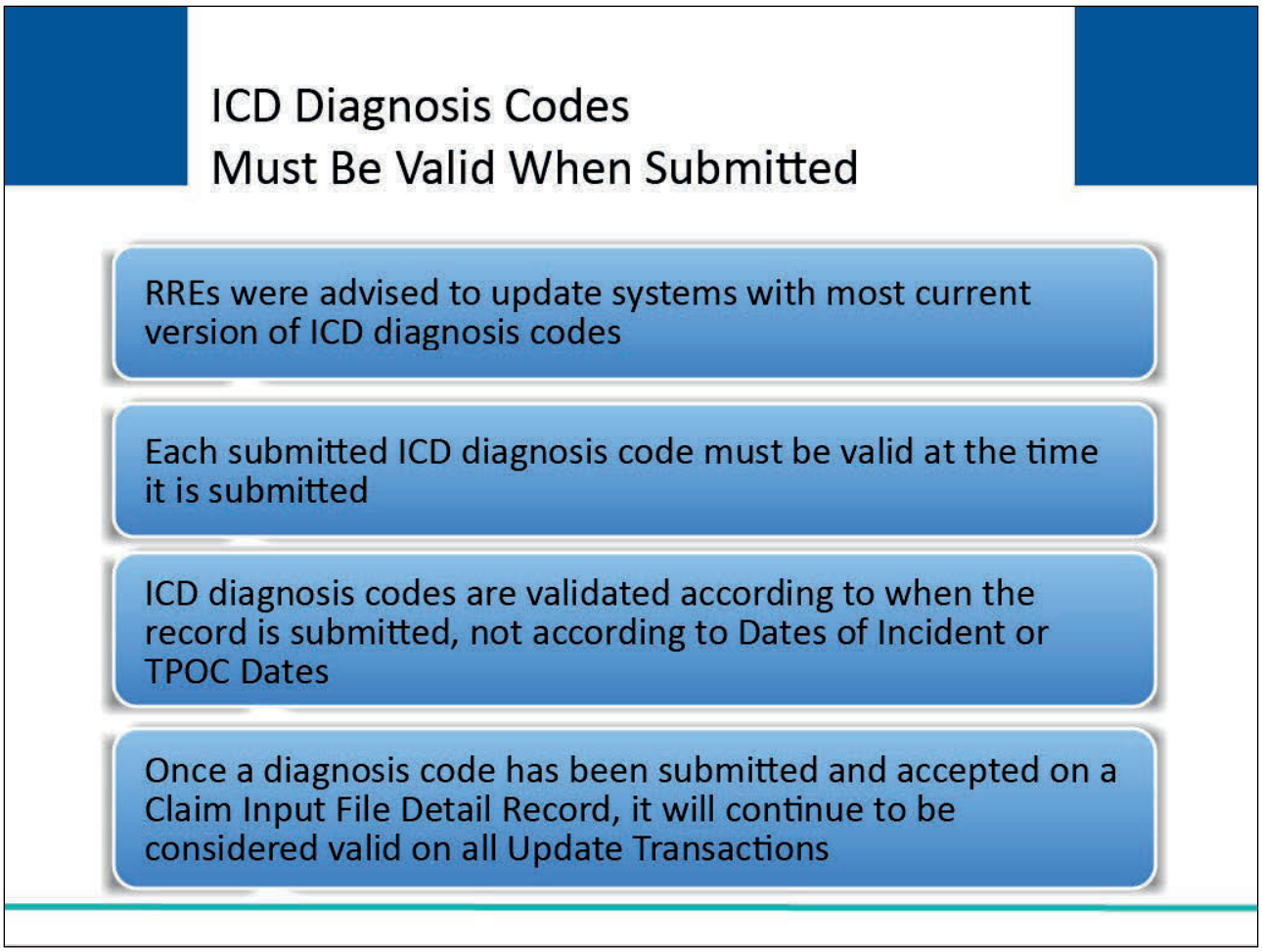
As indicated earlier, ICD-9 "V" codes are considered invalid for Section 111 reporting. ICD-9 "V" codes are equivalent to ICD-10 "Z" codes (e.g., factors influencing health status and contact with health services).

These "Z" codes, therefore, are also excluded from Section 111 claim reports.

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated, Diagnosis Code describing the alleged injury/illness. These codes are special default for liability reporting.

The list of Excluded ICD-9 and ICD-10 Diagnosis Codes found in the NGHP User Guide Appendices Chapter V (Appendix I) may be downloaded from the Section 111 COBSW at the following link: Section 111 COBSW by clicking on the link found under the Reference Materials menu option.

Slide 18 of 23 - ICD Diagnosis Codes



Slide notes

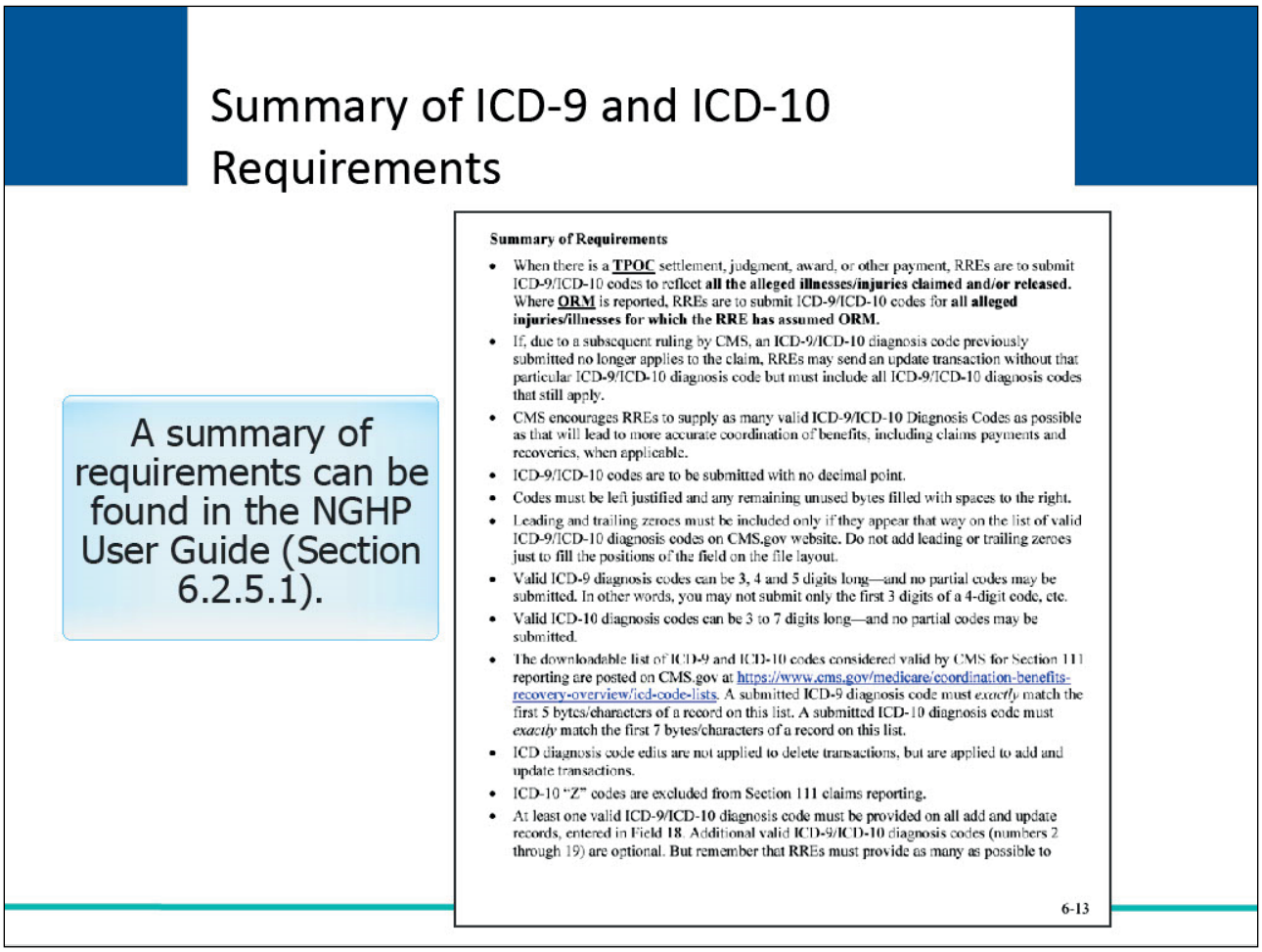
RREs were advised to update their systems as soon as possible with the most current version of ICD-10 diagnosis codes.

Whenever you send an Add or an Update Record, each submitted ICD diagnosis code must be valid at the time it is submitted, i.e., it must be included on one of the ICD diagnosis code files used by the BCRC.

ICD diagnosis codes are validated according to when the record is submitted, not according to Dates of Incident or TPOC Dates.

Once an ICD diagnosis code has been submitted and accepted on a Claim Input File Detail Record, it will continue to be considered valid on all subsequent Update Transactions.

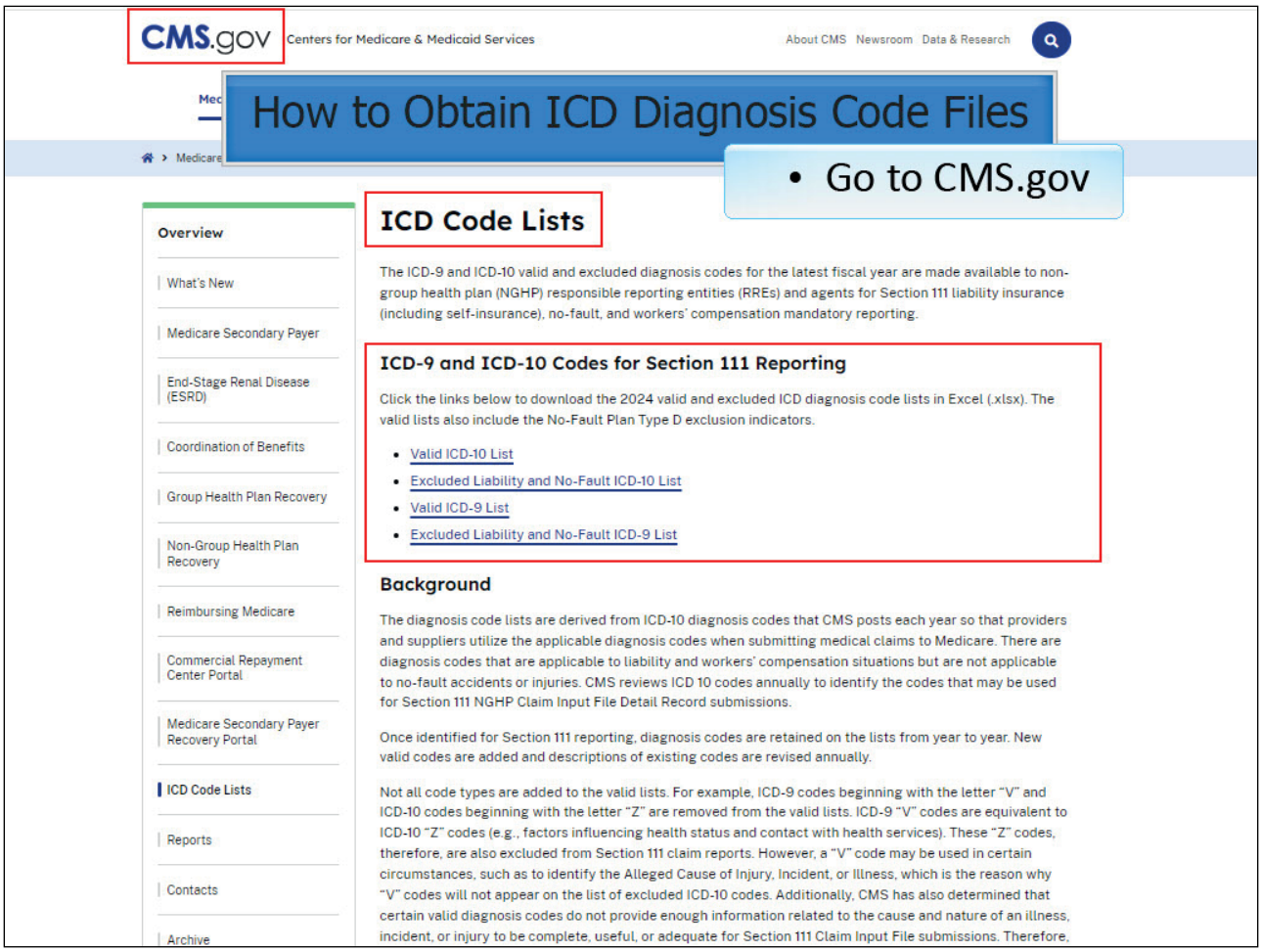
Slide 19 of 23 - Summary of ICD-9 and ICD-10 Requirements



Slide notes

A summary of ICD-9 and ICD- 10 requirements can be found in the NGHP User Guide (Section 6.2.5.1).

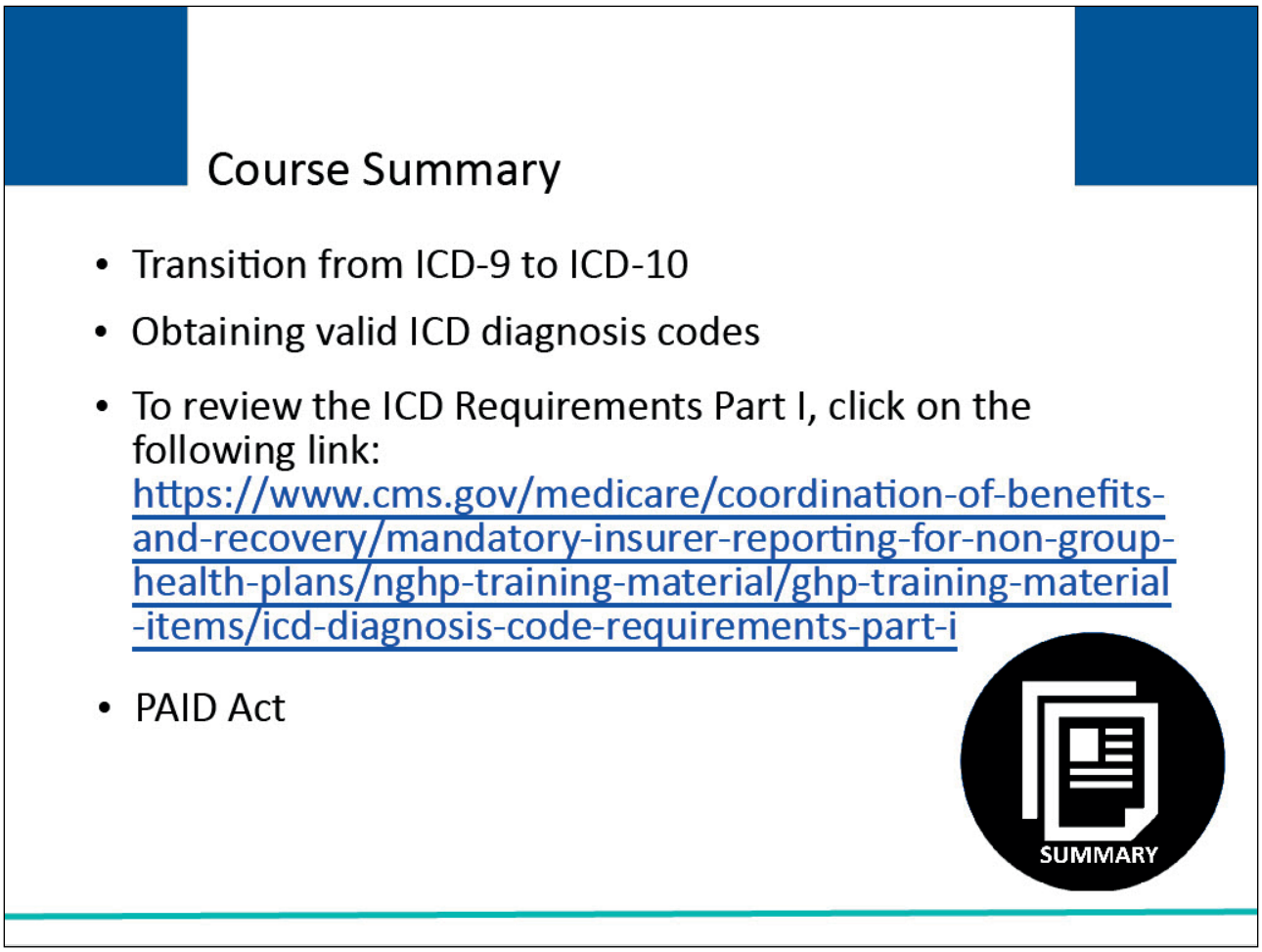
Slide 20 of 23 - How to Obtain ICD-9 Diagnosis Code Files



Slide notes

To locate further information pertaining to the ICD-9 and ICD-10 transition, go to the following link: ICD-9 and ICD-10 Diagnosis Code Transition Information.

Slide 21 of 23 - Course Summary

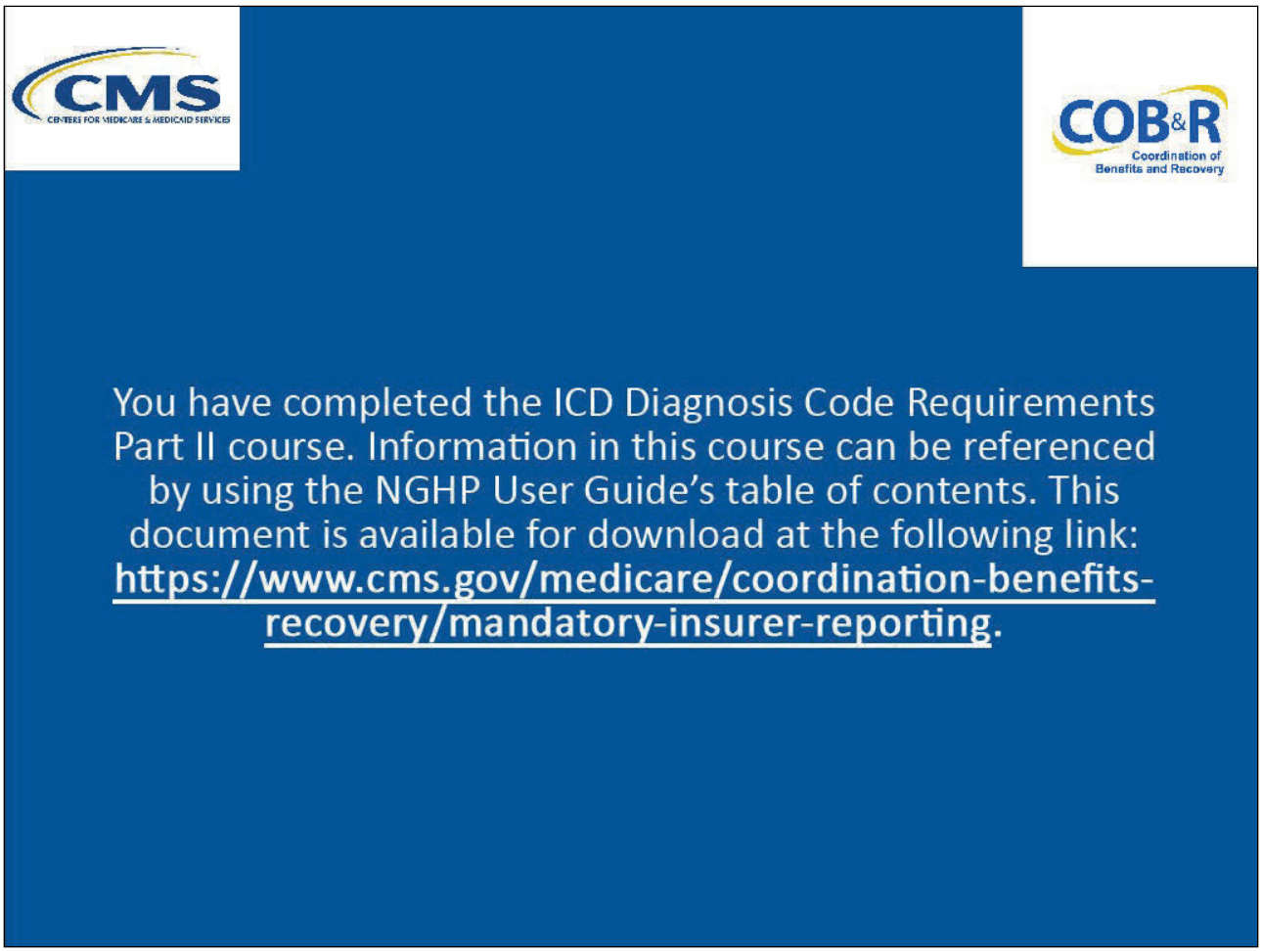


Slide notes

This module explained the transition from ICD-9 to ICD-10 and explains where an RRE can obtain valid ICD diagnosis codes.

Lastly, this module explained the PAID Act.

Slide 22 of 23 - Conclusion



Slide notes

You have completed the ICD Diagnosis Code Requirements Part II course. Information in this course can be referenced by using the NGHP User Guide's table of contents.

This document is available for download at the following link: CMS NGHP Website.

Slide 23 of 23 - NGHP Training Survey

Slide notes

If you have any questions or feedback on this material, please go to the following URL: NGHP Training Survey.