



## **Financial Services Group**

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**March 25, 2014**

**Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in  
Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007  
(See 42 U.S.C. 1395y(b)(7) & (8))**

**Technical ALERT: Liability Insurance (Including Self-Insurance), No-Fault Insurance, and  
Workers' Compensation-Excluded Diagnosis Codes**

**New Excluded ICD-10-CM Diagnosis Codes**

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) "Z" Diagnosis Codes are considered invalid for Section 111 reporting and must be excluded from use in Section 111 claim reports. CMS has determined that these ICD-10 diagnosis codes do not provide enough information related to the cause and nature of an illness, incident, or injury to be adequate for Section 111 reporting. Although they are not separately listed on the exclusion list in the NHGP User Guide Appendices Chapter (Appendix I), ICD-10 "Z" codes will NOT be accepted for Section 111 reporting. They will NOT be accepted in the Alleged Cause of Injury, Incident, or Illness (Field 15) or in any ICD Diagnosis Code field beginning in Field 18.

**Clarification on the Use of V, W, X or Y Codes**

ICD-10 diagnosis codes beginning with the letter "V," "W," "X," or "Y" may only be reported in the Alleged Cause of Injury, Incident, or Illness field (Field 15) as long as they do not appear on the excluded diagnosis code list in the NHGP User Guide. These codes are considered invalid in any of the ICD Diagnosis Code fields beginning in Field 18.