January 28, 2015

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: Reminder regarding ICD-10-CM diagnosis code reporting for Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation

Note: This document is a reminder of the ICD-10-CM diagnosis code reporting requirements documented in the May 13, 2014 Alert and the NGHP User Guide.

Reporting Reminder: Effective October 1, 2015, Responsible Reporting Entities (RREs) and their agents will be required to report ICD-10-CM diagnosis codes on claim reports with a CMS Date of Incident (DOI) on or after 10/1/2015. This timeline and reporting requirements have not changed.

Requirements Summary

For submissions prior to October 1, 2015: Use of ICD-9-CM diagnosis codes is mandatory.

For submissions beginning October 1, 2015:

- ICD-10-CM diagnosis codes will be required on all production Claim Input Files and Direct Data Entry (DDE) add and update records with a CMS DOI on or after October 1, 2015.

- Either ICD-9-CM or ICD-10-CM diagnosis codes will be accepted on all add and update records with a CMS DOI prior to October 1, 2015. However, each record can only contain either all ICD-9-CM or all ICD-10-CM codes. RREs may not submit a combination of ICD-9-CM and ICD-10-CM diagnosis codes on one single record.

- RREs will not be required to convert or crosswalk ICD-9-CM codes submitted on previously accepted records to ICD-10-CM codes when submitting subsequent updates to those records.

- The ICD Indicator field must contain a zero when ICD-10-CM diagnosis codes are submitted on Claim Input File Detail Records. Note: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of "9" or space will be rejected with a CI31 error.

- The Diagnosis Code Indicator field must be set to ICD-10 when ICD-10-CM diagnosis codes are submitted via DDE.

- Text and Excel files containing the list of valid ICD-10-CM diagnosis codes used for validating Section 111 files are available for download on the Section 111 COBSW at http://www.section111.cms.hhs.gov. RREs may obtain this list by clicking on the link found under the Reference Materials menu option. When Claim Input Files/DDE transactions are submitted, these lists will be used to ensure that any submitted ICD-10-CM diagnosis codes are valid.

See the MMSEA Section 111 NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete requirements and reporting instructions.

Pre-Implementation Testing:

- RREs are advised to submit test Claim Input Files that include ICD-10-CM diagnosis codes. Testing is optional, but recommended. It is the only way to ensure that an RRE can properly submit ICD-10-CM diagnosis codes and process corresponding response files.

- RREs must transmit test files to the Benefits Coordination & Recovery Center (BCRC) using the same transmission method as what was chosen for production files (HTTPS, SFTP or Connect:Direct).

- No testing is done for those RREs that are DDE submitters.

For more information on the testing process, please refer to the MMSEA Section 111 NGHP User Guide Technical Information Chapter.