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April 2022 Update to the Java Medicare Code Editor (MCE) for New Edit 20 – Unspecified Code Edit

MLN Matters Number: MM12471

Related CR Release Date: October 21, 2021

Related CR Transmittal Number: R11059CP

Related Change Request (CR) Number: 12471

Effective Date: Effective for discharges occurring on or after April 1, 2022

Implementation Date: April 4.2022

Provider Types Affected

This MLN Matters Article is for physicians, hospitals, and providers that submit claims to Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

This Article tells you about Medicare system changes necessary to update the MCE to accept a new MCE edit 20. Make sure your billing staff knows how to handle this new edit.

Background

Unspecified codes exist in ICD-10-CM for circumstances when documentation in the medical record doesn't give the level of detail needed to support reporting a more specific code. In the inpatient setting, there are rare circumstances when you can't document and report the laterality (that is, right, left, bilateral) of a condition.

CR 12471 adds new Edit 20 (Unspecified Code Edit) to the MCE. This new edit applies when you enter an unspecified diagnosis code that is:

- Either a Complication or Comorbidity (CC), or Major Complication or Comorbidity (MCC)
- Includes other codes in that code subcategory that further specify the anatomic site

Table 6P.3a in the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule) has a list of unspecified diagnosis codes subject to this edit.

This edit tells you that a more specific code is available to report. It's your responsibility to decide if a more specific code from that subcategory is available in the medical record documentation by a clinical provider.

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You must use the claim Remarks Field to let Medicare know if:

- You can't get more information to find the laterality from the available medical record documentation by any other clinical provider
- There's documentation in the record that the physician is clinically unable to decide the laterality because of the nature of the disease or condition

Use the Remarks Field in:

- Loop 2300 Billing Note NTE02 of the 837I claim
- The remark field on a Type of Bill 11X, 18X or 21X Direct Data Entry claim or paper claim

Specifically, enter the following in the Remarks Field:

- **UNABLE TO DET LAT 1 (NTE*ADD*UNABLE TO DET LAT 1~ in Loop 2300)** to show you're unable to get additional information to specify laterality
- **UNABLE TO DET LAT 2 (NTE*ADD*UNABLE TO DET LAT 2~ in Loop 2300)** to show the physician is clinically unable to decide laterality

This action and language will let your MAC bypass the MCE Edit 20 and process the claim.

The MAC will return the claim to you if there's no language entered in the remarks section about the availability of information specifying laterality.

More Information

We issued CR 12471 to your MAC as the official instruction for this change.

For more information, contact your MAC.

Document History

Date of Change	Description
October 22, 2021	Initial article released.

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