Financial Services Group



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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: ICD-10-CM diagnosis code testing 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. This ALERT is to remind RREs that they should commence testing Claim Input Files that include ICD-10-CM diagnosis codes now if they have not already done so. Testing is optional, but highly recommended. It is the only way to ensure that an RRE can properly submit ICD-10-CM diagnosis codes and process corresponding response files. For more information on the testing process, please refer to the MMSEA Section 111 NGHP User Guide Technical Information Chapter IV (Section 9.2 – Claim File Testing). The NGHP User Guide can be downloaded from the NGHP User Guide page available at the following link: http://go.cms.gov/MIRNGHPUserGuide.