

Welcome to the International Classification of Diseases, Ninth Revision (ICD-9) 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).

Disclaimer

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:

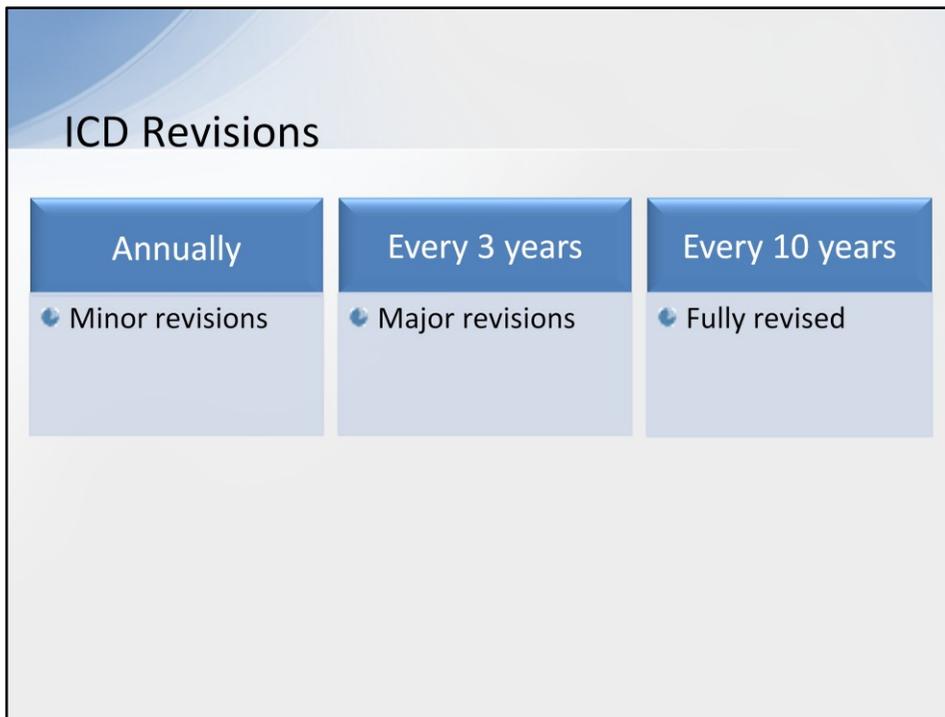
<http://www.cms.gov/mandatoryinsrep>.

Course Overview

- Obtaining valid ICD-9 diagnosis codes
- ICD-10 Overview



This module explains where a Responsible Reporting Entity (RRE) can obtain valid ICD-9 diagnosis codes, and ends with an overview of ICD-10. Please note: ICD-9 Requirements Part I defines ICD-9-CM, explains the importance of ICD-9 diagnosis codes for Section 111 reporting, describes what these codes are used for, clarifies the ICD-9 diagnosis code reporting requirements and explains how to select an ICD-9 diagnosis code. It is strongly recommended that you review ICD-Requirements Part I before continuing with the course.



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.

What is ICD-9 CM?

- DHHS publishes its own version of the ICD
 - Includes diagnostic and operative procedures
 - Current version is ICD-9-CM (clinically modified)
- CMS is part of DHHS and requires the use of these codes in various Medicare reporting including Section 111
- ICD-9-CM diagnosis codes are used for all healthcare settings
- RREs must keep abreast of ICD changes and modifications



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-9-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-9-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.

Valid ICD-9 Diagnosis Codes

- CMS publishes a list of valid ICD-9 diagnosis codes at: http://www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp
- Currently, RREs may use any ICD-9 diagnosis code found in Version 25 and subsequent as long as it is not on list of Excluded ICD-9 diagnosis codes and does not begin with the letter V



CMS publishes a list of valid ICD-9 diagnosis codes once per year at the following link: www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp. Currently, RREs may use any ICD-9 diagnosis code found in Version 25 and subsequent as long as that code does not appear on the list of Excluded ICD-9 Diagnosis Codes in Appendix I of the NGHP User Guide, and does not begin with the letter 'V'.

Valid ICD-9 Diagnosis Codes

- Each version contains many duplications of ICD-9 codes
 - New versions reflect new code additions and code description changes
- To create the list of valid ICD-9 diagnosis codes, the COBC
 - Combines the diagnosis codes found on each applicable version
 - Drops duplicate codes
 - Removes excluded codes
 - Drops ICD-9 codes beginning with the letter V



Each version contains duplications of ICD-9 codes. New versions normally just reflect the addition of new codes to the versions previously published and changes to the code descriptions. To create the list of ICD-9 diagnosis codes considered valid for Section 111 reporting, the COBC combines the diagnosis codes found on the text files from each applicable version, drops the duplicate codes, and removes the excluded codes. ICD-9 codes beginning with the letter V are also dropped. V codes are not accepted in the Alleged Cause Field 15 or any of the ICD-9 diagnosis codes starting in Field 19.

Valid ICD-9 Diagnosis Codes

- As of January 1st of the next year, the COBC will have added any new codes, except for excluded codes and V codes
 - All codes considered valid from prior versions will be retained and continue to be valid
 - Codes considered valid from prior versions will not be dropped
- As of January 1, 2011, the ICD-9 codes considered valid for Section 111 will include
 - All ICD-9 codes listed in Version 25 and subsequent except for V codes and those found on the excluded list in Appendix I

As of January 1st of the subsequent year, the COBC will have added any new ICD-9 codes found in the latest version on the CMS Web site into the system for processing Section 111 Claim Input Files, except for excluded codes listed in Appendix I, and V codes. All codes considered valid from prior versions will be retained and continue to be considered valid. Codes considered valid from prior versions will not be dropped. Therefore, as of January 1, 2011, the ICD-9 codes considered valid for Section 111 will include all ICD-9 codes listed in Version 25 and subsequent except for V codes and those found on the excluded list in Appendix I.

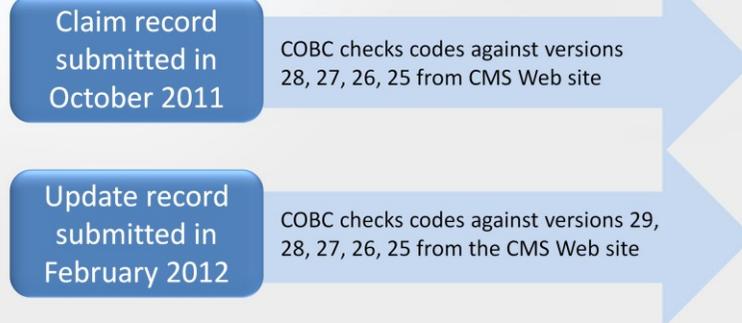
What is a Valid ICD-9 Diagnosis Code?

- A valid ICD-9 diagnosis code for Section 111 reporting
 - Exactly matches the first 5 positions on any entry of any of the ICD-9 (DX) text files currently used by the COBC to validate ICD-9 diagnosis codes, and
 - Is not on the list of Excluded codes in Appendix I, and
 - Is not a V code
- If an invalid ICD-9 diagnosis code is submitted, the record will be rejected with an error associated to the field in which the code was submitted

A “valid” ICD-9 diagnosis code for Section 111 reporting is one that exactly matches the first 5 positions on any entry of any of the ICD-9 (DX) text files currently being used by the COBC to validate ICD-9 diagnosis codes and is not on the list of Excluded codes in Appendix I and is not a V code. If an invalid ICD-9 diagnosis code is submitted, the record will be rejected with an error associated to the field in which the code was submitted, even if valid codes are supplied in one or more of the remaining ICD-9 diagnosis code fields.

What is a Valid ICD-9 Diagnosis Code?

Example



- Previously submitted ICD-9 diagnosis codes still considered valid
- New ICD-9 codes submitted on update will be edited using current versions

For example, a claim record is submitted and processed by the COBC in October 2011. At that time, the COBC checks the codes against versions 28, 27, 26, and 25 from the CMS Web site. All submitted ICD-9 diagnosis codes are considered valid. In February 2012, the RRE sends an Update Record to add an additional TPOC Date and TPOC Amount. When this Update Record is submitted, the ICD-9 diagnosis codes will be validated against versions 29, 28, 27, 26, and 25 from the CMS Web site. If the Update Transaction includes the same set of ICD-9 diagnosis codes submitted on the original Add Transaction, these ICD-9 codes will be considered valid since they were considered valid in the past. If an additional ICD-9 diagnosis code is supplied on the Update Transaction, it will be edited against Versions 25 through 29. If the additional, new ICD-9 code supplied on the Update Transaction cannot be validated, an error will be generated and the Update Transaction will fail.

Valid ICD-9 Diagnosis Codes

- Downloadable, zipped files that contain the list of valid codes found here:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>
- Each zipped file include Diagnosis & Procedure Code Files
 - Diagnosis Code Files have a DX as part of filename
 - Use for Section 111 reporting
 - Procedure Code Files have an SG as part of the filename
 - Do not use for Section 111 reporting
- A downloadable text file of the valid ICD-9 diagnosis codes used for validating Section 111 files is on the Section 111 COBSW: <http://www.Section111.cms.hhs.gov>
 - Click on the link under the Reference Materials menu option

Downloadable, zipped files that contain the lists of valid codes are available on the CMS Web site at the following link:

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>. Each zip file includes Diagnosis and Procedure Code files. The diagnosis code files will have a DX as part of the filename. The procedure code files will have an SG as part of the filename. For Section 111 reporting, only the Diagnosis Codes will be used. Use diagnosis codes from Versions 25 and subsequent.

RREs may also download a text file containing the list of valid ICD-9 diagnosis codes used for validating Section 111 files from the Section 111 COBSW at the following link: [section111.cms.hhs.gov](http://www.section111.cms.hhs.gov). To obtain this list, click on the link found under the Reference Materials menu option.

Valid ICD-9 Diagnosis Codes

Diagnosis Code	Description
0031	Salmonella septicemia
00320	Localized salmonella infection, unspecified

- ICD-9 diagnosis codes are often shown with a decimal, but the decimal cannot be submitted for Section 111
- Example
 - ICD-9 diagnosis code 003.20 should be reported as 00320

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-9 diagnoses with a decimal. However, the files downloaded from the CMS site will not include the decimal and when ICD-9 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).

Excluded ICD-9 Diagnosis Codes

- Do not provide enough information related to the cause and nature of the illness, incident, or injury
- Found in Appendix I of the NGHP User Guide
- May be downloaded from the Section 111 COBSW at www.section111.cms.hhs.gov

The screenshot shows the homepage of the Section 111 COBSW. At the top, there is a header with the CMS logo on the left, the text "Section 111 Mandatory Reporting" in the center, and a COB logo on the right. Below the header is a navigation menu with four tabs: "About This Site", "CMS Links", "How To...", and "Reference Materials". The "Reference Materials" tab is active, displaying a list of links: "NGHP User Guide", "Liability/Re-Participation User", "Comprehension User", "Test Beneficiary Data for RREP RREs", "Excluded ICD-9 Diagnosis Code Data for NGHP RREs", and "Error Code Data for NGHP RREs". To the right of the navigation menu is a "Contact Us" tab. Below the navigation menu, there is a "Welcome to the Section 111 COB Secure Web site (COBSW)" message. To the right of the welcome message is an "Account Login" section with fields for "User Name:" and "Password:", and buttons for "Forgot Login", "Forgot Password", "Continue", and "Clear". At the bottom of the page, there is a small note: "All implementation instructions are available on CMS' dedicated Section 111 Web page at www.cms.hhs.gov/MandatoryInsRep".

CMS has determined that certain ICD-9 diagnosis codes published on the downloadable files listed on their Web site 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. The excluded codes may be found in Appendix I of the NGHP User Guide or may be downloaded from the Section 111 COBSW at www.section111.cms.hhs.gov by clicking on the link found under the Reference Materials menu option.

How to Obtain ICD-9 Diagnosis Code Files

- Go to www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp (Screen below is the Web page you will see)

The screenshot shows the CMS.gov website with the following content:

- Header: CMS.gov, Centers for Medicare & Medicaid Services. Navigation links: Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, Email, Print.
- Secondary Navigation: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Insurance Oversight, Innovation Center, Regulations and Guidance, Research, Statistics, Data and Systems, Outreach and Education.
- Breadcrumbs: Home > Medicare > ICD-9-CM > Diagnosis and Procedure Codes: Abbreviated and Full Code Titles
- Left Sidebar (ICD-9-CM):
 - Process for Requesting New/Revised ICD-9-CM Procedure Codes
 - ICD-9-CM Coordination and Maintenance Committee
 - Continuing Education Credits
 - Updates and Revisions to ICD-9-CM Procedure Codes (Addendum)
 - CD-ROM Version of ICD-9-CM
 - Diagnosis and Procedure Codes: Abbreviated and Full Code Titles
 - New, Deleted, and Revised ICD-9-CM Codes - Summary Tables
 - ICD-10
 - ICD-10 MS-ORG Conversion Project
 - ICD-9-CM, C, and M Meeting Materials
- Main Content Area:
 - Section: **Diagnosis and Procedure Codes: Abbreviated and Full Code Titles**
 - Text: Downloadable files of diagnosis and procedure codes and their full and abbreviated titles are available in the "Downloads" portion of this page.
 - Section: **Downloads**
 - List of files:
 - Version 30 Full and Abbreviated Code Titles - Effective October 1, 2012 (NOTE: Corrections have been made to the full code descriptions for diagnosis codes 59800, 59801, 65201, and 65263.) [ZIP, 1004KB]
 - Version 29 Full and Abbreviated Code Titles - Effective October 1, 2011 [ZIP, 924KB]
 - Version 28 Full and Abbreviated Code Titles - Effective October 1, 2010 [ZIP, 919KB]
 - Version 27 Full and Abbreviated Code Titles - Effective October 1, 2009 [ZIP, 11MB]
 - Version 27 Abbreviated Code Titles - Effective October 1, 2009 [ZIP, 154KB]
 - Version 26 Effective October 1, 2008 [ZIP, 147KB]
 - Version 25 Effective October 1, 2007 [ZIP, 143KB]
 - Version 24 Effective October 1, 2006 [ZIP, 132KB]
 - Version 23 Effective October 1, 2005 [ZIP, 149KB]
 - Version 22 Effective October 1, 2004 [ZIP, 138KB]
 - Version 21 Effective October 1, 2003 [ZIP, 130KB]
 - Version 20 Effective October 1, 2002 [ZIP, 915KB]
- Page last Modified: 05/21/2012 7:32 AM

To download a copy of the files the COBC uses to validate diagnoses, go to the following link: www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp. The screen shown is a copy of the Web page you will see. Download the Version 25 and subsequent ".zip" files.

How to Obtain ICD-9 Diagnosis Code Files

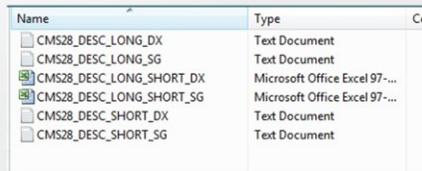
- Starting with Version 27, CMS also provides Microsoft Excel spreadsheets with the same list of valid diagnoses in the “.zip” files
- You may use the text files or the Excel (“.xls”)files
 - Contain the same set of ICD-9 diagnosis codes
 - Recommend using the text files



Starting with Version 27, CMS includes Microsoft Excel spreadsheets with the same list of valid diagnoses in the “.zip” files on the same Web page. You may use the text files or the Excel (“.xls”) files. They contain the same set of ICD-9 diagnosis codes. However, it is recommended that you use the text files since that is what the COBC uses.

How to Obtain ICD-9 Diagnosis Code Files

- Unzip the files and use the text version of the files
- When you download and unzip version 28, you will see the following contents displayed on the screen



Name	Type	Co
CMS28_DESC_LONG_DX	Text Document	
CMS28_DESC_LONG_SG	Text Document	
CMS28_DESC_LONG_SHORT_DX	Microsoft Office Excel 97-...	
CMS28_DESC_LONG_SHORT_SG	Microsoft Office Excel 97-...	
CMS28_DESC_SHORT_DX	Text Document	
CMS28_DESC_SHORT_SG	Text Document	

- Use one of the “DX” files
- Do not use the “SG” files for Section 111 reporting

Unzip the files and use the text version of the files. When you download version 28, you will see the following contents displayed on the screen. Be sure to use the file containing diagnosis codes which will have a DX in the name. Remember, “DX” is a common abbreviation for diagnosis. Use either the “DX” Excel spreadsheet, or the “DX” text file highlighted in red. Each “DX” file contains the same set of ICD-9 diagnosis codes, just in a different format. The COBC will use CMS28_DESC_LONG_DX.txt from Version 28. Do not use the “SG” files for Section 111 reporting. The “SG” files contain Procedure Codes which are not used for Section 111.

How to Obtain ICD-9 Diagnosis Code Files

- The DX text file will look like this:

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0010 CHOLERA D/T VIB CHOLERAE
0011 CHOLERA D/T VIB EL TOR
0019 CHOLERA NOS
0020 TYPHOID FEVER
0021 PARATYPHOID FEVER A
0022 PARATYPHOID FEVER B
0023 PARATYPHOID FEVER C
0029 PARATYPHOID FEVER NOS
0030 SALMONELLA ENTERITIS
0031 SALMONELLA SEPTICEMIA
00320 LOCAL SALMONELLA INF NOS
00321 SALMONELLA MENINGITIS
00322 SALMONELLA PNEUMONIA
00323 SALMONELLA ARTHRITIS
00324 SALMONELLA OSTEOMYELITIS
00329 LOCAL SALMONELLA INF NEC
0038 SALMONELLA INFECTION NEC
0039 SALMONELLA INFECTION NOS
0040 SHIGELLA DYSENTERIAE
0041 SHIGELLA FLEXNERI
0042 SHIGELLA BOYDII
0043 SHIGELLA SONNEI
0048 SHIGELLA INFECTION NEC
0049 SHIGELLOSIS NOS
0050 STAPH FOOD POISONING
0051 BOTULISM FOOD POISONING
0052 FOOD POIS D/T C. PERFRIN
0053 FOOD POIS: CLOSTRID NEC
0054 FOOD POIS: V. PARAHAEM
00581 FOOD POISN D/T V. VULNIF
00589 BACT FOOD POISONING NEC
0059 FOOD POISONING NOS
0060 AC AMEBIASIS W/O ABSCESS
0061 CHR AMEBIASIS W/O ABSCESS
0062 AMEBIC NONDYSENT COLITIS
0063 AMEBIC LIVER ABSCESS
```

If you download and open the “DX” text file you will see a file that looks like the one displayed on the screen. The first 5 positions contain the ICD-9 diagnosis code. The 6th position is blank. Starting in the 7th position is a description for the code which is variable in length.

ICD-9 Diagnosis Codes Must Be Valid When Submitted

RREs advised to update systems with most current version of ICD-9 codes

Each submitted ICD-9 diagnosis code must be valid at the time it is submitted

ICD-9 diagnosis codes are validated according to when the record is submitted, not according to Dates of Incident or TPOC Dates

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

RREs are advised to update their systems as soon after January 1st as possible with the most current version of ICD-9 codes. Whenever you send an Add or an Update Record, each submitted ICD-9 diagnosis code must be valid at the time it is submitted, i.e., it must be included on one of the ICD-9 files used by the COBC, cannot be a V code and cannot be on the list of excluded codes. ICD-9 codes are validated according to when the record is submitted, not according to Dates of Incident or TPOC Dates. Once an ICD-9 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.

Future Consideration

ICD-10 Diagnosis Codes

- Tenth revision of International Classification of Diseases
- Varies slightly from the previous ICD-9 and includes almost double the number of categories
- Defined with up to seven bytes
- CMS has postponed the user of ICD-10 codes until further notice
- Not accepted at this time
- Further information can be found at:
<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf> and
<http://www.cms.gov/ICD10/>

ICD-10 is the tenth revision of the International Classification of Diseases. It is in effect as the most current database of disease classifications. The current ICD-10 varies slightly from the previous ICD-9 and includes almost double the number of categories. Filler has been reserved on the Claim Input File Detail Record layout to make room for these codes, as they are defined with up to seven bytes rather than the five bytes used for ICD-9 diagnosis codes.

The CMS has postponed the use of ICD-10 codes until further notice. Complete instructions and requirements for the use of ICD-10 codes will be provided at a later date. At this time, ICD-10 codes will not be accepted. Further information can be found at the following links: <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf> and <http://www.cms.gov/ICD10/>.



You have completed the ICD-9 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:
<http://www.cms.gov/mandatoryinsrep>.