

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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- ["Medicare Physician Fee Schedule,"](#) Fact Sheet, ICN 006814 Downloadable only.

MLN Matters® Number: MM8350 Revised

Related Change Request (CR) #: CR 8350

Related CR Release Date: August 16, 2013

Effective Date: January 1, 2014

Related CR Transmittal #: R2765CP

Implementation Date: January 6, 2014

Diagnosis Code Reporting on Religious Nonmedical Health Care Institution Claims

Note: This article was revised on August 1, 2014, to show the new ICD-10 implementation date of October 1, 2015. While the Change Request may not reflect the new date, CMS has made the date change. All other information is unchanged.

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers submitting claims to Medicare A/B Medicare Administrative Contractors (A/B MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8350 which informs Medicare contractors about enforcement in Medicare systems of longstanding diagnosis coding instructions on Religious Nonmedical Health Care Institution (RNHCI) claims. It also clarifies diagnosis code reporting on RNHCI claims for the ICD-10 transition. Make sure that your billing staffs are aware of these changes.

Disclaimer

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Background

While coding of diagnoses is not consistent with the nonmedical nature of Religious Nonmedical Health Care Institution (RNHCI) services, the presence of diagnosis codes is a requirement for standard claims transactions. Longstanding instructions in the “Medicare Claims Processing Manual,” Chapter 3, Section 170, direct RNHCI to use the following pair of ICD-9 diagnosis codes to satisfy the claim requirement:

- Principal diagnosis: 799.9 "other unknown and unspecified cause"
- Other diagnosis: V62.6 "refusal of treatment for reasons of religion or conscience"

RNHCI claims received on or after January 1, 2014 (with any claim “through” date prior to October 1, 2015), will be returned to the provider if they do not contain the above ICD-9 Principal Diagnosis and first Other Diagnosis codes.

The implementation of ICD-10 effective October 2015 will require RNHCI to instead report the following pair of ICD-10 diagnosis codes to satisfy the claim requirement:

- Principal diagnosis: R69 "illness, unspecified"
- Other diagnosis: Z53.1 "procedure and treatment not carried out because of patient's decision for reasons of belief"

RNHCI claims received with a claim “through” date on or after October 1, 2015, will be returned to the provider if they do not contain the above ICD-10 Principal Diagnosis and first Other Diagnosis codes or if they contain any ICD-9 code.

Additional Information

The official instruction, CR8350 issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2765CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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