

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 95	Date: August 23, 2013
	Change Request 8351

SUBJECT: Update the Common Working File (CWF) to not Allow Certain Diagnosis Codes on No-Fault Medicare Secondary Payer (MSP) Records

I. SUMMARY OF CHANGES: There are certain diagnosis codes that systems must not apply to NGHP No-Fault MSP records. In order for these MSP claims not to deny and process correctly, the CWF must only allow those diagnosis codes related to the accident or injury. Although CWF does not have the capability of knowing which codes to apply, CMS has provided CWF in the change request those diagnosis codes that are currently the greatest offenders and are not related to a No-Fault accident or injury. Although this list is not inclusive it will assist in processing thousands of claims systematically and lessen chances of inappropriate claim denial pertaining to No-Fault records.

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	Table of Content
N	6/40.10.2 - Certain Diagnosis Codes not Allowed on No-Fault Medicare Secondary Payer (MSP) Records.

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-05	Transmittal: 95	Date: August 23, 2013	Change Request: 8351
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SUBJECT: Update the Common Working File (CWF) to not Allow Certain Diagnosis Codes on No-Fault Medicare Secondary Payer (MSP) Records

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 2014

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) previously instructed all Medicare contractors to manually process certain Non-Group Health Plan (NGHP) MSP claims so that these claims are not inappropriately denied. Since then, change requests (CRs) 7355, Transmittal 87, and 7605, Transmittal 1156, were also implemented to improve and further automate the processing of NGHP claims. However, with the implementation of both CRs, the risk that Medicare contractors may deny certain MSP NGHP claims that are unrelated to an accident still exists. The key to managing that risk is creating systematic changes to ensure that certain diagnosis codes cannot be included within NGHP No-Fault MSP records. CMS addresses this concern through this instruction.

B. Policy: To ensure claims are not improperly denied, CMS is directing the CWF to not allow certain diagnosis codes to be posted within CWF MSP auxiliary records if they are never related to a No-Fault accident. These diagnosis codes are identified in the business requirements below. In order for these MSP claims not to deny and process correctly, the CWF must only allow those diagnosis codes related to the accident or injury. CMS has provided CWF in this change request those diagnosis codes that are often included, but are not related to a No-Fault accident or injury. Although this list is not inclusive, it will reduce the likelihood of inappropriate claim denials pertaining to No-Fault records.

Medicare contractors and the Fiscal Intermediary Shared System (FISS) maintainer are also instructed in this change request to not apply the diagnosis codes identified below in requirement 8351.1 via MSP "T" record transactions, Electronic Correspondence Referral System (E CRS) CWF Assistance Requests, and E CRS MSP Inquiries. **NOTE:** CMS is only applying this policy to No-Fault records. CWF shall continue to allow the diagnosis codes below on Liability and Workers' Compensation MSP records. Additionally, FISS, which systematically processes and creates MSP "T" records for Part A contractors, shall update its system to prevent the below listed diagnosis codes from being applied to No-Fault MSP records.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I	C A R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8351.1	The following ICD 9 diagnosis codes shall not be applied to No-Fault MSP records, MSP Type 14, CWF MSP type D. (NOTE: Corresponding ICD 10 codes are attached to this CR for use by our	X	X	X	X	X	X	X	X			X	COBC

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	<p>Medicare contractors and shared systems. Also this list of diagnosis codes replaces the list of diagnosis codes found in a previous instruction sent to the Medicare contractors):</p> <p>Diagnosis Code and Definition</p> <p>244.0 – 244.9 Hypothyroidism</p> <p>250.00 – 250.93 Diabetes</p> <p>272.0 – 272.9 Disorders of Lipoid Metabolism</p> <p>285.0 – 285.9 Other and Unspecified Anemia</p> <p>300.00 – 300.9 Anxiety States</p> <p>305.1 Tobacco Use Disorder</p> <p>401.9 Hypertension - unspecified</p> <p>403.00 – 403.91 Kidney Disease</p> <p>414.00 – 414.9 Other forms of Chronic Ischemic Heart Disease.</p> <p>427.31 – 427.32 Atrial Fibrillation/Flutter</p> <p>486 Pneumonia, Organism Unspecified</p> <p>530.81 – 530.89 Disorder of Esophagus</p> <p>584.5 – 584.9 Acute Renal Failure - unspecific and non-trauma</p> <p>585.1 – 585.9 Chronic Kidney Disease</p> <p>599.0-599.9 Disorders of Urethra and Urinary Tract</p> <p>784.0 Headache</p> <p>799.9 Unknown</p>												
8351.2	The FISS system shall not apply the ICD 9 diagnosis codes identified in BR 8351.1, along with the corresponding ICD 10 codes attached to							X					

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I R E R	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	this CR, on Part A No Fault MSP “I” records on electronic and paper claims processed January 1, 2014, and after.												
8351.3	Part B and DME contractors shall continue to not apply the ICD 9 diagnosis codes identified in BR 8351.1, along with the corresponding ICD 10 codes attached to this CR, on Part B No-Fault MSP “I” records, MSP Inquiries, nor ECRS CWF Assistance Requests sent to the COBC.		X		X		X						
8351.4	Part A contractors shall continue to not apply the ICD 9 diagnosis codes identified in BR 8351.1, along with the corresponding ICD 10 codes attached to this CR, on No-Fault MSP Inquiries, nor ECRS CWF Assistance Requests sent to the COBC.	X		X		X		X					
8351.5	CWF shall not allow any of the ICD 9 diagnosis codes identified in BR 8351.1, along with the corresponding ICD 10 codes attached to this CR, on a CWF MSP No-Fault record resulting from an MSP claim, “I” record or HUSP transaction received January 1, 2014, and after.											X	
8351.6	COBC shall not allow any of the ICD 9 diagnosis codes identified in BR 8351.1, along with the corresponding ICD 10 codes attached to this CR, on an MSP No-Fault record resulting from an MSP “I” record, MSP Inquiry or ECRS CWF Assistance Request or HUSP transaction to CWF.												COBC
8351.7	CWF shall return SP ## (number to be determined) when a No-Fault MSP HUSP transaction contains one of the ICD 9 or ICD 10 diagnosis codes identified in this CR.											X	
8351.8	Medicare contractors shall accept SP ## when received from CWF and resolve the identified error.	X	X	X	X	X	X	X					COBC
8351.8.1	VMS shall accept the new SP## error code.	X	X	X	X	X	X	X			X		
8351.9	Beginning with the implementation date of this change request, Medicare contractors shall provide its CMS Contracting Officer Representative (COR), via email, with examples of additional	X	X	X	X	X	X	X					

Number	Requirement	Responsibility												
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other	
		A	B	H H H					F I S S	M C S	V M S	C W F		
	diagnosis codes that should not be applied to NGHP records that are causing inappropriate claim denials. (NOTE: Contractors shall request that their CMS COR forward the additional diagnosis codes to the author of this CR.)													
8351.10	The COBC shall remove the diagnosis codes identified in BR 8351.1 from all applicable MSP No-Fault records currently residing in CWF unless it results in the elimination of all diagnosis codes on the MSP record.													COBC
8351.11	CWF shall send a HUSC transaction to Medicare contractors after COBC performs the action prescribed in BR 8351.10 so contractors can update their internal files.												X	
8351.12	The MCS shared system shall create a utility to update contractor internal secondary payer files to remove the diagnosis codes that were removed from CWF by the COBC.									X				
8351.13	MCS shall create a systems control file rule to prevent the diagnosis codes identified in BR 8351.1 from being entered.									X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility												
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Other					
		A	B	H H H					F I S S	M C S	V M S	C W F		
	None													

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, 410-786-1418 or Richard.Mazur2@cms.hhs.gov, Brian Pabst, 410-786-2487 or Brian.Pabst@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment (1)

244.0 Postsurgical hypothyroidism	E89.0 Postprocedural hypothyroidism
244.1 Other postablative hypothyroidism	E89.0 Postprocedural hypothyroidism
244.2 Iodine hypothyroidism	E03.2 Hypothyroidism due to medicaments and other exogenous substances
244.3 Other iatrogenic hypothyroidism	E03.2 Hypothyroidism due to medicaments and other exogenous substances
244.8 Other specified acquired hypothyroidism	E01.8 Other iodine-deficiency related thyroid disorders and allied conditions E02 Subclinical iodine-deficiency hypothyroidism E03.3 Postinfectious hypothyroidism E03.8 Other specified hypothyroidism
244.9 Unspecified acquired hypothyroidism	E03.9 Hypothyroidism, unspecified
250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	E11.9 Type 2 diabetes mellitus without complications E13.9 Other specified diabetes mellitus without complications
250.01 Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	E10.9 Type 1 diabetes mellitus without complications
250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	E11.65 Type 2 diabetes mellitus with hyperglycemia
250.03 Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	E10.65 Type 1 diabetes mellitus with hyperglycemia
250.10 Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	E13.10 Other specified diabetes mellitus with ketoacidosis without coma
250.11 Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma
250.12 Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	<i>Cluster 250.12 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	<i>Cluster 250.13 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma E13.00 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E13.01 Other specified diabetes mellitus with hyperosmolarity with coma
250.21 Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	E10.69 Type 1 diabetes mellitus with other specified complication
250.22 Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	<i>Cluster 250.22 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.23 Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	<i>Cluster 250.23 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.30 Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	E11.641 Type 2 diabetes mellitus with hypoglycemia with coma E13.11 Other specified diabetes mellitus with ketoacidosis with coma E13.641 Other specified diabetes mellitus with hypoglycemia with coma

<p>250.31 Diabetes with other coma, type I [juvenile type], not stated as uncontrolled</p>	<p>E10.11 Type 1 diabetes mellitus with ketoacidosis with coma E10.641 Type 1 diabetes mellitus with hypoglycemia with coma</p>
<p>250.32 Diabetes with other coma, type II or unspecified type, uncontrolled</p>	<p><i>Cluster 250.32 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.33 Diabetes with other coma, type I [juvenile type], uncontrolled</p>	<p><i>Cluster 250.33 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled</p>	<p>E11.21 Type 2 diabetes mellitus with diabetic nephropathy E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease E11.29 Type 2 diabetes mellitus with other diabetic kidney complication E13.21 Other specified diabetes mellitus with diabetic nephropathy E13.22 Other specified diabetes mellitus with diabetic chronic kidney disease E13.29 Other specified diabetes mellitus with other diabetic kidney complication</p>
<p>250.41 Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled</p>	<p>E10.21 Type 1 diabetes mellitus with diabetic nephropathy E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease E10.29 Type 1 diabetes mellitus with other diabetic kidney complication</p>
<p>250.42 Diabetes with renal manifestations, type II or unspecified type, uncontrolled</p>	<p><i>Cluster 250.42 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.43 Diabetes with renal manifestations, type I [juvenile type], uncontrolled</p>	<p><i>Cluster 250.43 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled</p>	<p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E11.349 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema E11.36 Type 2 diabetes mellitus with diabetic cataract E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema E13.321 Other specified diabetes mellitus with mild</p>

	<p>nonproliferative diabetic retinopathy with macular edema E13.329 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E13.339 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E13.341 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E13.349 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema E13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema E13.36 Other specified diabetes mellitus with diabetic cataract E13.39 Other specified diabetes mellitus with other diabetic ophthalmic complication</p>
<p>250.51 Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled</p>	<p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.329 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.339 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E10.349 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema E10.36 Type 1 diabetes mellitus with diabetic cataract E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication</p>
<p>250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled</p>	<p><i>Cluster 250.52 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.53 Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled</p>	<p><i>(NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i></p>
<p>250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled</p>	<p>E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy E11.44 Type 2 diabetes mellitus with diabetic amyotrophy E11.49 Type 2 diabetes mellitus with other diabetic neurological complication E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy E13.40 Other specified diabetes mellitus with diabetic neuropathy, unspecified</p>

	<p>E13.41 Other specified diabetes mellitus with diabetic mononeuropathy</p> <p>E13.42 Other specified diabetes mellitus with diabetic polyneuropathy</p> <p>E13.43 Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy</p> <p>E13.44 Other specified diabetes mellitus with diabetic amyotrophy</p> <p>E13.49 Other specified diabetes mellitus with other diabetic neurological complication</p> <p>E13.610 Other specified diabetes mellitus with diabetic neuropathic arthropathy</p>
250.61 Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	<p>E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified</p> <p>E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy</p> <p>E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy</p> <p>E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy</p> <p>E10.44 Type 1 diabetes mellitus with diabetic amyotrophy</p> <p>E10.49 Type 1 diabetes mellitus with other diabetic neurological complication</p> <p>E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy</p>
250.62 Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	<i>Cluster 250.62 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.63 Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	<i>Cluster 250.63 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	<p>E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene</p> <p>E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene</p> <p>E11.59 Type 2 diabetes mellitus with other circulatory complications</p> <p>E13.51 Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene</p> <p>E13.52 Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene</p> <p>E13.59 Other specified diabetes mellitus with other circulatory complications</p>
250.71 Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	<p>E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene</p> <p>E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene</p> <p>E10.59 Type 1 diabetes mellitus with other circulatory complications</p>
250.72 Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	<i>Cluster 250.72 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.73 Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	<i>Cluster 250.73 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	<p>E11.618 Type 2 diabetes mellitus with other diabetic arthropathy</p> <p>E11.620 Type 2 diabetes mellitus with diabetic dermatitis</p> <p>E11.621 Type 2 diabetes mellitus with foot ulcer</p> <p>E11.622 Type 2 diabetes mellitus with other skin ulcer</p>

	<p>E11.628 Type 2 diabetes mellitus with other skin complications</p> <p>E11.630 Type 2 diabetes mellitus with periodontal disease</p> <p>E11.638 Type 2 diabetes mellitus with other oral complications</p> <p>E11.649 Type 2 diabetes mellitus with hypoglycemia without coma</p> <p>E11.65 Type 2 diabetes mellitus with hyperglycemia</p> <p>E11.69 Type 2 diabetes mellitus with other specified complication</p> <p>E13.618 Other specified diabetes mellitus with other diabetic arthropathy</p> <p>E13.620 Other specified diabetes mellitus with diabetic dermatitis</p> <p>E13.621 Other specified diabetes mellitus with foot ulcer</p> <p>E13.622 Other specified diabetes mellitus with other skin ulcer</p> <p>E13.628 Other specified diabetes mellitus with other skin complications</p> <p>E13.630 Other specified diabetes mellitus with periodontal disease</p> <p>E13.638 Other specified diabetes mellitus with other oral complications</p> <p>E13.649 Other specified diabetes mellitus with hypoglycemia without coma</p> <p>E13.65 Other specified diabetes mellitus with hyperglycemia</p> <p>E13.69 Other specified diabetes mellitus with other specified complication</p>
250.81 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	<p>E10.618 Type 1 diabetes mellitus with other diabetic arthropathy</p> <p>E10.620 Type 1 diabetes mellitus with diabetic dermatitis</p> <p>E10.621 Type 1 diabetes mellitus with foot ulcer</p> <p>E10.622 Type 1 diabetes mellitus with other skin ulcer</p> <p>E10.628 Type 1 diabetes mellitus with other skin complications</p> <p>E10.630 Type 1 diabetes mellitus with periodontal disease</p> <p>E10.638 Type 1 diabetes mellitus with other oral complications</p> <p>E10.649 Type 1 diabetes mellitus with hypoglycemia without coma</p> <p>E10.65 Type 1 diabetes mellitus with hyperglycemia</p> <p>E10.69 Type 1 diabetes mellitus with other specified complication</p>
250.82 Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	<i>Cluster 250.82 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.83 Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	<i>Cluster 250.83 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.90 Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	<p>E11.8 Type 2 diabetes mellitus with unspecified complications</p> <p>E13.8 Other specified diabetes mellitus with unspecified complications</p>
250.91 Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	E10.8 Type 1 diabetes mellitus with unspecified complications
250.92 Diabetes with unspecified complication, type II or unspecified type, uncontrolled	<i>Cluster 250.92 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>
250.93 Diabetes with unspecified complication, type I [juvenile type], uncontrolled	<i>Cluster 250.93 (NOTE: One or more of the ICD-10 codes in this cluster is already on the converted list as a single translation. Therefore, this cluster does not need to be preserved as a unit on the converted list.)</i>

272.0 Pure hypercholesterolemia	E78.0 Pure hypercholesterolemia
272.1 Pure hyperglyceridemia	E78.1 Pure hyperglyceridemia
272.2 Mixed hyperlipidemia	E78.2 Mixed hyperlipidemia
272.3 Hyperchylomicronemia	E78.3 Hyperchylomicronemia
272.4 Other and unspecified hyperlipidemia	E78.4 Other hyperlipidemia E78.5 Hyperlipidemia, unspecified
272.5 Lipoprotein deficiencies	E78.6 Lipoprotein deficiency
272.6 Lipodystrophy	E88.1 Lipodystrophy, not elsewhere classified
272.7 Lipidoses	E75.21 Fabry (-Anderson) disease E75.22 Gaucher disease E75.240 Niemann-Pick disease type A E75.241 Niemann-Pick disease type B E75.242 Niemann-Pick disease type C E75.243 Niemann-Pick disease type D E75.248 Other Niemann-Pick disease E75.249 Niemann-Pick disease, unspecified E75.3 Sphingolipidosis, unspecified E77.0 Defects in post-translational modification of lysosomal enzymes E77.1 Defects in glycoprotein degradation E77.8 Other disorders of glycoprotein metabolism E77.9 Disorder of glycoprotein metabolism, unspecified
272.8 Other disorders of lipid metabolism	E71.30 Disorder of fatty-acid metabolism, unspecified E75.5 Other lipid storage disorders E78.79 Other disorders of bile acid and cholesterol metabolism E78.81 Lipoid dermatoarthritis E78.89 Other lipoprotein metabolism disorders E88.2 Lipomatosis, not elsewhere classified E88.89 Other specified metabolic disorders
272.9 Unspecified disorder of lipid metabolism	E75.6 Lipid storage disorder, unspecified E78.70 Disorder of bile acid and cholesterol metabolism, unspecified E78.9 Disorder of lipoprotein metabolism, unspecified
285.0 Sideroblastic anemia	D64.0 Hereditary sideroblastic anemia D64.1 Secondary sideroblastic anemia due to disease D64.2 Secondary sideroblastic anemia due to drugs and toxins D64.3 Other sideroblastic anemias
285.1 Acute posthemorrhagic anemia	D62 Acute posthemorrhagic anemia
285.21 Anemia in chronic kidney disease	D63.1 Anemia in chronic kidney disease
285.22 Anemia in neoplastic disease	D63.0 Anemia in neoplastic disease
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Medicare Secondary Payer (MSP) Manual

Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

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(Rev.95, Issued: 08- 23-13)

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(MSP) Records*

40.10.2 – Certain Diagnosis Codes not Allowed on No-Fault Medicare Secondary Payer (MSP) Records. (Rev. 95, Issued: 08- 23-13, Effective: 01-01-14, Implementation: 01-06-14)

There are certain diagnosis codes that systems must not apply to MSP Type 14, CWF MSP Type D No-Fault records. In order for these MSP claims not to deny and process correctly, the CWF must only allow those diagnosis codes related to the accident or injury. Although CWF does not have the capability of knowing which codes should apply to No-Fault MSP records, CMS has provided the below diagnosis codes that are currently the greatest offenders and are not related to a No-Fault auto accident or injury. Although this list is not inclusive it will assist in processing thousands of claims systematically and lessen chances of inappropriate MSP claim denials as they pertain to No-Fault MSP records. CMS is only applying this policy to No-fault records. CWF shall continue to allow the below diagnosis codes on Liability and Workers' Compensation MSP records. It is also noted that the FISS system, which currently systematically processes MSP "I" records for Part A contractors, shall also update their system to not allow the below diagnosis codes from applying to No-Fault MSP records. All Medicare contractors and shared systems shall not apply the below diagnosis codes to No-Fault MSP "I" records, No-Fault MSP Inquiries, No-Fault CWF assistance requests and No-Fault MSP HUSP transactions.

The following diagnosis codes shall not be applied to No-Fault MSP records:

Diagnosis Code	Definition
244.0 – 244.9	Hypothyroidism
250.00 – 250.93	Diabetes
272.0 – 272.9	Disorders of Lipoid Metabolism
285.0 – 285.9	Other and Unspecified Anemia
300.00 – 300.9	Anxiety States
305.1	Tobacco Use Disorder
401.9	Hypertension - unspecified
403.00 – 403.91	Kidney Disease
414.00 – 414.9	Other forms of Chronic Ischemic Heart Disease.
427.31 – 427.32	Atrial Fibrillation/Flutter
486	Pneumonia, Organism Unspecified
530.81 – 530.89	Disorder of Esophagus
584.5 – 584.9	Acute Renal Failure - unspecific and non-trauma
585.1 – 585.9	Chronic Kidney Disease
599.0-599.9	Disorders of Urethra and Urinary Tract
784.0	Headache
799.9	Unknown