



Office of Financial Management/Financial Services Group

November 12, 2010

Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in
Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007
(See 42 U.S.C. 1395y(b)(7) & (8))

**ALERT: Liability Insurance (Including Self-Insurance), No-Fault Insurance, and
Workers' Compensation - Special Default ICD-9 Code for Responsible Reporting
Entities (RREs)**

This ALERT provides information related to a default diagnosis code that may be used under extremely limited and specified circumstances when reporting liability insurance (including self-insurance), no-fault insurance, and workers' compensation (collectively referred to as Non-Group Health Plan or NGHP) information mandated by Section 111 of the MMSEA.

As documented in Section 11.10.2 and elsewhere in the Section 111 NGHP User Guide:

*"Information is to be reported for claims related to liability insurance (including self-insurance), no-fault insurance, and workers' compensation where the injured party is (or was) a Medicare beneficiary and **medicals are claimed and/or released or the settlement, judgment, award, or other payment has the effect of releasing medicals.**"*

There are certain, very limited liability situations where a settlement, judgment, award or other payment releases medicals or has the effect of releasing medicals, but the type of alleged incident typically has no associated medical care and the Medicare beneficiary/Injured Party has not alleged a situation involving medical care or a physical or mental injury. This is frequently the situation with a claim for loss of consortium, an errors or omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action is alleged.

Current instructions require the RRE to report in these circumstances. However, in these very limited circumstances, as of **January 10, 2011**, when the claim report does **not** reflect ongoing responsibility for medicals (ORM) and the insurance type is liability, a value of "NOINJ" may be submitted in both Field 15 Alleged Cause of Injury, Incident, or Illness and Field 19 ICD-9 Diagnosis Code 1 ("NOINJ" must be put in both the alleged cause and first diagnosis field and all the rest of the diagnosis fields must be blank). All other fields must be submitted on the claim report as required.

Important Considerations:

- The effective date of this change is **January 10, 2011** and will apply to files processed by the Coordination of Benefits Contractor (COBC) on or after that date.
- This default code of ‘NOINJ’ may not be submitted on claim reports reflecting ORM. If a Claim Input File Detail Record is submitted with Y in the ORM Indicator (Field 98) and either the Alleged Cause of Injury, Incident, Illness (Field 15) or any ICD-9 Diagnosis Codes 1-19 (starting at Field 19) contain ‘NOINJ’, the record will be rejected with the error code associated with the field in which it was submitted.
- This default code of ‘NOINJ’ may only be used when reporting liability insurance (including self-insurance) claim reports with L in the Plan Insurance Type (Field 71). If the Plan Insurance Type submitted is not L, the record will be rejected with the error code associated with the field in which ‘NOINJ’ was submitted (Field 15 or 19).
- ‘NOINJ’ will only be accepted in Fields 15 and 19 on the Claim Input File Detail Record. If ‘NOINJ’ is submitted in any of the ICD-9 Diagnosis Codes 2-19 starting in Field 21, the record will be rejected with the error code associated with the ICD-9 Diagnosis Code 2-19 in which it was submitted.
- If ‘NOINJ’ is submitted in Field 15 then ‘NOINJ’ must be submitted in Field 19. If ‘NOINJ’ is submitted in Field 19, then ‘NOINJ’ must be submitted in Field 15. If ‘NOINJ’ is not submitted in both fields, the record will be rejected with an error code associated to the field in which it was missing.
- If ‘NOINJ’ is submitted in Field 19 then all remaining ICD-9 Diagnosis Code 2-19 (Fields 21 – 55) must be filled with spaces. If Fields 21-55 contain values other than spaces, the record will be rejected with the error code associated to the erroneous field.
- CMS will closely monitor the use of the ‘NOINJ’ default code by RREs to insure it is used appropriately. RREs using this code erroneously are at risk of non-compliance with Section 111 reporting requirements.
- The NGHP User Guide will be updated to include this information in the next version. In the meantime, this information supersedes the information in Version 3.1 of the guide.

The description of Alleged Cause of Injury, Incident, Illness (Field 15) will be updated as shown below on the following pages:

1 5	Alleged Cause of Injury, Incident, or Illness	5	15 9	16 3	Alpha-numeric	<p>ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) External Cause of Injury Code “E Code” describing the alleged cause of injury/illness.</p> <p>Left justify. Do not include decimal point. Must be on one of the three most current lists/files of valid ICD-9 diagnosis codes accepted by CMS for Section 111 reporting found at www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp. See Section 11.2.5 for complete information. Must begin with the letter ‘E’. <i>Must NOT be on the list of Excluded ICD-9 Diagnosis Codes found in Appendix H.</i></p> <p>Examples: ‘E812.0’ should be submitted as ‘E8120’; ‘E919.2’ should be submitted as ‘E9192’; ‘E956’ should be submitted as ‘E956 ‘.</p>
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					<p>Effective January 10, 2011: If, and only if: 1) the ORM Indicator (Field 98) is N, the Plan Insurance Type (Field 71) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of 'NOINJ' may be submitted. If 'NOINJ' is submitted in Field 15 then 'NOINJ' must be submitted in Field 19.</p> <p>For more information on ICD-9-CM refer to http://www.cdc.gov/nchs/icd/icd9cm.htm and other sources available on the Internet.</p> <p>Required for add and update records (Action Type = 0 or 2) submitted on or after January 1, 2011. May be supplied prior to 2011. See Field 57 for interim requirement.</p>
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The description of ICD-9 Diagnosis Code 1 (Field 19) will be updated as follows:

19	ICD-9 Diagnosis Code 1	5	169	173	Alphanumeric	<p>ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness. Left justify. Include any leading zeros. Do not include decimal point. Must be on one of the three most current lists/files of valid ICD-9 diagnosis codes accepted by CMS for Section 111 reporting found at www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp. See Section 11.2.5 for complete information. No "E Codes" or "V Codes" permitted (Cannot begin with the letter 'E' and cannot begin with the letter 'V'). Must NOT be on the list of Excluded ICD-9 Diagnosis Codes found in Appendix H.</p> <p>Examples: '037' should be submitted as '037 '; '038.3' should be submitted as '0383 '; '038.42' should be submitted as '03842'.</p> <p>Effective January 10, 2011: If, and only if: 1) the ORM</p>
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					<p>Indicator (Field 98) is N, the Plan Insurance Type (Field 71) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of 'NOINJ' may be submitted. If 'NOINJ' is submitted in Field 19 then 'NOINJ' must be submitted in Field 15. If 'NOINJ' is submitted in Field 19 then all remaining ICD-9 Diagnosis Code 2-19 must be filled with spaces.</p> <p>For more information on ICD-9-CM refer to http://www.cdc.gov/nchs/icd/icd9cm.htm and other sources available on the Internet.</p> <p>Required for add and update records (Action Type = 0 or 2) submitted on or after January 1, 2011. May be supplied prior to 2011. See Field 57 for interim requirement.</p>
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