



## **Financial Services Group**

---

June 11, 2013

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: Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation - Reporting revisions related to the transition from ICD-9-CM diagnosis codes to ICD-10-CM diagnosis codes**

This alert provides technical information regarding:

- Transition from ICD-9-CM to ICD-10-CM Diagnosis Codes
- Claim Input File Record Layout Revisions
- Revised Claim Input File and Direct Data Entry (DDE) Reporting Requirements Summary
- Validation of submitted ICD Diagnosis Codes

### **Transition from ICD-9-CM to ICD-10-CM Diagnosis Codes**

Beginning October 1, 2014, CMS will adopt the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding. ICD-10-CM codes are alphanumeric and contain 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to Section 111 reporting. In general, RREs will be required to submit ICD-10-CM diagnosis codes on claim reports with a CMS Date of Incident (DOI) on or after April 1, 2015. More specific requirements are provided below.

### **Claim Input File Detail Record Layout Revisions**

Certain "Reserved for Future Use" (filler) fields on the Claim Input File Detail Record will be utilized to accommodate the reporting requirements for ICD-10-CM. Field numbering will be adjusted to accommodate the newly defined fields. The basic modifications will be as follows:

- A new ICD Indicator field will be added. It will replace Field 18 (Reserved for Future Use) in the current record layout. This field is a one character code that will indicate whether the submitted diagnosis codes are all ICD-9-CM or all ICD-10-CM. It will be entered in position 168 on the Claim Input File Detail Record. A value of a space or a '9' will indicate that the submitted diagnosis codes are all ICD-9-CM diagnosis codes. A value of '0' (zero) will indicate that the submitted diagnosis codes are all ICD-10-CM diagnosis codes.
- Each current 5-byte diagnosis code field, including the Alleged Cause of Injury, Incident or Illness will be expanded to 7-bytes by combining the 5-bytes of the ICD-9-CM diagnosis code field with the 2-bytes of filler that follows each of these fields in the record.
  - ICD diagnosis codes will continue to be reported in the same starting position, but the ending position will be increased by 2-bytes.

- These newly expanded fields will be renamed from ‘ICD-9-CM Diagnosis Code’ to ‘ICD Diagnosis Code’
- Positions 159-408 on the Claim Input File Detail Record will be redefined to manage these reporting requirements, in test as of October 1, 2013 and, in production as of October 1, 2014. Beginning in Position 409, the record layout will be exactly as it is today except the remaining fields will be renumbered consecutively. The revised section of the Claim Input File Detail Record and field renumbering is shown below:

**Redefined Claim Input File Detail Record (Positions 159-408)**

<b>Field</b>	<b>Name</b>	<b>Size</b>	<b>Start Pos.</b>	<b>End Pos.</b>
15	Alleged Cause of Injury, Incident, or Illness	7	159	165
16	State of Venue	2	166	167
17	ICD Indicator	1	168	168
18	ICD Diagnosis Code 1	7	169	175
19	ICD Diagnosis Code 2	7	176	182
20	ICD Diagnosis Code 3	7	183	189
21	ICD Diagnosis Code 4	7	190	196
22	ICD Diagnosis Code 5	7	197	203
23	ICD Diagnosis Code 6	7	204	210
24	ICD Diagnosis Code 7	7	211	217
25	ICD Diagnosis Code 8	7	218	224
26	ICD Diagnosis Code 9	7	225	231
27	ICD Diagnosis Code 10	7	232	238
28	ICD Diagnosis Code 11	7	239	245
29	ICD Diagnosis Code 12	7	246	252
30	ICD Diagnosis Code 13	7	253	259
31	ICD Diagnosis Code 14	7	260	266
32	ICD Diagnosis Code 15	7	267	273
33	ICD Diagnosis Code 16	7	274	280
34	ICD Diagnosis Code 17	7	281	287
35	ICD Diagnosis Code 18	7	288	294
36	ICD Diagnosis Code 19	7	295	301
37	Reserved for Future Use	107	302	408

**Revised Claim Input File and DDE Reporting Requirements Summary**

The MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers’ Compensation User Guide will be

updated to provide requirements for the submission of ICD-10-CM diagnosis codes at a later date. A summary of the revised reporting requirements that will be included is provided below:

- ICD-10-CM diagnosis codes will be accepted on add and update records on **production** Claim Input Files and via direct data entry (DDE) starting October 1, 2014. ICD-10-CM diagnosis codes will not be accepted prior to October 1, 2014 on **production** Claim Input File Detail Records or via DDE.
- RREs may commence testing of ICD-10-CM diagnosis code submission on **test** Claim Input File submissions as of October 1, 2013.
- ICD-10-CM diagnosis codes will be required on all add and update records with a CMS DOI of April 1, 2015 and subsequent.
- ICD-9-CM or ICD-10-CM diagnosis codes will be accepted on all add and update records with a CMS DOI prior to April 1, 2015. RREs will not be required to convert or crosswalk ICD-9-CM codes submitted on previously accepted records to ICD-10-CM codes when submitting subsequent updates to those records.
- RREs are encouraged, but not required, to commence reporting of ICD-10-CM diagnosis codes on all new claim reports as of October 1, 2014. ICD-9-CM diagnosis codes will be accepted but response records will be returned with a compliance flag if the CMS DOI is October 1, 2014 or later and the record is submitted between October 1, 2014 and March 31, 2015. This compliance flag is intended as a warning reminder to RREs concerning the ICD-10-CM reporting requirement relative to CMS DOI of April 1, 2015 and subsequent is soon approaching.
- Records must be submitted with only one version of diagnosis codes. A mixture of ICD-9-CM and ICD-10-CM codes on one record or DDE submission will be rejected. RREs will be required to populate the ICD Indicator field with a space or '9' when submitting ICD-9-CM codes and with a '0' when submitting ICD-10-CM codes.

### **Validation of Submitted ICD Diagnosis Codes**

Text and Excel files containing the list of valid ICD-9-CM diagnosis codes used for validating Section 111 files are available on the CMS Web site. When Claim Input Files/DDE transactions are submitted, these lists will be used to ensure that any submitted ICD-9-CM diagnosis codes are valid. The list of valid ICD-9-CM codes can be found at the following link:

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/summarytables.html>.

Files of valid ICD-10-CM diagnosis codes that will be used for validating Section 111 files submitted with ICD-10-CM diagnosis codes can be found at the following link:

<http://www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-CM-and-GEMs.html>. CMS will be publishing a list of Excluded ICD-10-CM diagnosis codes at a later date. Any ICD-10-CM code supplied cannot be on the list of Excluded ICD-10-CM Diagnosis Codes.

Although RREs and their agents will not be required to convert previously submitted ICD-9-CM codes to ICD-10-CM codes, they may wish to utilize the General Equivalency Mappings (GEMs) that were created by CMS to map/crosswalk current ICD-9-CM codes to applicable ICD-10-CM codes. Please see the following link for the 2013 text mapping file of ICD-9-CM codes to applicable ICD-10-CM codes as an example: [2013 General Equivalence Mappings - Diagnosis Codes and Guide](#).

*If any invalid ICD-9-CM/ICD-10-CM diagnosis code is submitted, the record will be rejected. The record will be returned with an error associated to the field in which the invalid code was submitted.*

The record will be rejected even if valid codes are supplied in one or more of any other ICD Diagnosis Code fields. Submitted diagnosis codes must meet the following requirements:

- Be a valid code (i.e., included on the list of codes that CMS has deemed as valid)
- Be left justified and any remaining unused bytes filled with spaces to the right
- Include any leading and trailing zeros only if they appear that way on the list of valid ICD diagnosis codes
- Not include a decimal

Additionally, if the optional Alleged Cause of Injury, Incident or Illness field is submitted on a record and the ICD Indicator is set to '9' or space (indicating that the record includes all ICD-9-CM diagnosis codes), then the Alleged Cause of Injury, Incident or Illness field:

- Must begin with an 'E' and
- Must NOT be on the list of Excluded ICD-9-CM Diagnosis Codes found in Appendix I of the NGHP User Guide.

If the optional Alleged Cause of Injury, Incident or Illness field is submitted on a record where the ICD Indicator is set to '0' (indicating that the record includes all ICD-10-CM diagnosis codes), then the Alleged Cause of Injury, Incident or Illness field:

- Must begin with V, W, X, or Y and
- Must NOT be on the list of Excluded ICD-10-CM Diagnosis Codes which will be in Appendix I of the V4.0 NGHP User Guide.