



Your Premiere Compliance Solution

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Use of ICD-9 Diagnosis Codes in Medicare Section 111 Mandatory Reporting

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Webinar Questions and Answers

Question: Will reports to CMS with ICD-9 Diagnosis Codes indicate left shoulder, right shoulder or does it specify?

Answer: *Not with ICD-9 codes. That issue will be addressed with the move to ICD-10 in 2014.*

Question: Where do we find the E-codes in the CMS website?

Answer: www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp

Question: When referring to codes, are you referring to completing the MR screen?

Answer: *Reference is to the approved Cause of Injury codes and approved ICD 9 diagnosis codes in versions 26-28 as found in the previously referenced site address.*

Question: Is CMS going to add NOINJ to their official list of codes?

Answer: *They have indicated that this will occur in the near future in the next version of the User's Guide.*

Question: If you enter the wrong or not enough ICD-9 codes, can the government fine you 1,000/day (like the fine for not reporting)?

Answer: *If you enter in ICD 9 codes that are not on the approved versions lists then your claim record will be rejected. You will then have until your next reporting period the following quarter to correct the errors and re-submit that record with your new claim input file. If you put in the wrong ICD 9 codes but ones that are on the approved list you run the risk of being held responsible for body parts or injuries not directly attributable to the claimant's alleged injuries.*

Question: If injured party is on Medicare but doesn't seek medical treatment, are we ok in leaving the ICD/ code blank?

Answer: *Add and update records on Claim Input Files submitted on or after January 1, 2011 must include International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes in the Detail Record Alleged Cause of Injury, Incident or Illness (Field 15) and the ICD-9 Diagnosis Codes 1-19 beginning in Field 19. These fields are used as a means to provide a description of the illness, injury or incident claimed and/or released by the settlement, judgment, award, or for which ORM is assumed. RREs may use diagnosis codes submitted on medical claim records they receive from the injured party related to the claim and/or derive ICD-9 Diagnosis Codes from the claim information the RRE has on file. Again these codes may be derived by the RRE and do not have to be diagnoses specifically made by a provider or supplier of medical services (e.g. physician, hospital, etc.) They are used by Medicare to identify claims Medicare may receive related to the incident for Medicare claims payment and recovery purposes. An exact match to ICD-9 diagnosis codes is not required during this identification but RREs are encouraged to supply as many related codes in the ICD-9 Diagnosis Code 1-19 Fields as possible to ensure Medicare identifies the applicable medical claims it receives. Field descriptions are provided in the record layout in Appendix A. This section provides more information concerning the requirements for these fields.*



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Question: If there was no medical treatment and claimant was on Medicare how do we put in an ICD code if there wasn't an injury that they sought treatment?

Answer: *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.

Question: How can I get a copy of the ALERT speaking about the NOINJ?

Answer: <https://www.MedAllocators.com/CMSMemos.php>

Question: Sometimes the paraprofessionals add incorrect codes - wrist tendonitis is listed as 35400 on the PT note (Carpal tunnel) treatment is paid for - are we obligated to report PT (or chiro or acupuncture) ICD-9 codes?

Answer: *When there is a TPOC settlement, judgment, award or other payment, RREs are to submit ICD-9 codes to reflect all the alleged illnesses/injuries claimed and/or released. Where ORM is reported, RREs are to submit ICD-9 codes for all alleged injuries/illnesses for which the RRE has assumed ORM.*

Question: We still have to report alleged claims before we settle so do we leave ICD9 blank and just mark no for ongoing responsibility of medical?

Answer: *You do not report any alleged claims. You must either accept a claim based on you providing ORM (Ongoing Responsibility for Medicals) or agree to a settlement of that claim (TPOC) with no ORM at some future date that has a release of future medicals associated to it. All valid TPOC or ORM claims must have a valid and approved Cause of Injury code in field 15 and at least one ICD 9 code beginning with field 19*

Question: If you deny all injuries for an alleged claim, what ICD9 code would you use since you have to enter at least one diagnosis code must be entered?

Answer: *If you are denying the claim then you have nothing to report. If you deny, but then settle you will have to report diagnosis codes for any injuries claimed and/or released by the settlement*

Question: If a claim is denied after payments have been made, but no settlement is done, do we report anything?

Answer: *If you end up denying a claim after you have accepted ORM then you would have to report the claim and then go back and delete the claim once you have denied it.*

*Thank you again for attending MedAllocators' January webinar. To learn about upcoming webinars or if you have additional questions, please contact your local Account Executive or utilize the **ASK an EXPERT** section on our website at www.MedAllocators.com.*