

Section 111 of MMSEA Reporting

December 2010

ICD9 Default Code Released by CMS

“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.”

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