



Office of Financial Management/Financial Services Group

December 23, 2009

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))

Technical ALERT for Liability Insurance (Including Self-Insurance), No-Fault Insurance and Workers' Compensation

This alert provides technical information regarding:

- ICD-9 Diagnosis Code Validation
- Use of Claim Input File Detail Record Fields 58-62
- Other Claim Input File Field and Error Code Corrections

ICD-9 Diagnosis Code Validation

Version 2.0 of the MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide (NGHP User Guide) provides requirements for the submission of ICD-9 diagnosis codes in Section 11.2.5. 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. CMS publishes a list of valid ICD-9 diagnosis codes once per year at www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/06_codes.asp.

Version 2.0 of the NGHP User Guide states that RREs are to use the current version download to obtain a list of valid ICD-9 diagnosis codes for Section 111 reporting. This alert serves as notification that the COBC will accept any ICD-9 diagnosis code found in any of the latest three versions posted. This will allow RREs adequate time to incorporate the new versions into their systems and set their own schedule for implementation. The COBC will implement new versions on January 1st of the next year. For example, Version 27 which is posted on the CMS website as effective October 1, 2009, will be incorporated into Section 111 processing as of January 1, 2010. The term "valid ICD-9 diagnosis code" refers to any ICD-9 code that exactly matches the first 5 bytes or

characters of a record on any of the latest 3 files incorporated into the COBC Section 111 process. Decimal points are not to be included.

When Claim Input File testing begins January 1, 2010, and the first production files are accepted and processed, the COBC will be using the following files to validate ICD-9 codes:

CMS27_DESC_SHORT_DX.txt effective 10/1/2009
V26 I-9 Diagnosis.txt effective 10/1/2008
I9diagnosesV25.txt effective 10/1/2007

Version 28, effective 10/1/2010, will be effective in the COBC system as of January 1, 2011.

Please see Section 11.2.5 of Version 2.0 of the NGHP User Guide for additional requirements related to submission of ICD-9 diagnosis codes. A new version of the NGHP User Guide that includes this information will be published at a later date.

To download a copy of these files:

- Go to www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/06_codes.asp
- Download the following “.zip” files displayed on that page:
 - Version 27 Abbreviated Code Titles - Effective October 1, 2009 [ZIP, 155KB] - Updated 7/29/09
 - Version 26 Effective October 1, 2008 [ZIP, 148KB]
 - Version 25 Effective October 1, 2007 [ZIP, 144KB]
- Unzip the files and use:
 - CMS27_DESC_SHORT_DX.txt
 - V26 I-9 Diagnosis.txt
 - I9diagnosesV25.txt

Claim Input File Detail Record Fields 58-62

The requirements for Fields 58-62 on the Claim Input File Detail Record are currently under review by CMS. RREs should not use these fields when testing begins in January 2010 or on initial production Claim Input Files during assigned file submission timeframes in April-June 2010. These fields should be filled with spaces until revised requirements are published.

Other Claim Input File Field and Error Code Corrections

The following items will be included in the next version of the updated NGHP User Guide:

- Error code CR54 will be removed.
- Error code C131 should be CI31 (the letter I in the second position instead of the number 1).

- Parentheses will be accepted as special characters in Field 57 of the Claim Input File Detail Record.
- Phone extensions of 5 or fewer digits will be accepted. Phone extensions must be numeric, left-justified and unused bytes filled with spaces.
- Sections for claimant, representative, and claimant representative fields may be completely filled with spaces if the entire section is unused (no claimant or representative information provided for the entire section). The current NGHP User Guide indicates that each field must be defaulted according to its data type (spaces or zeroes).
- The Self-Insured Indicator Field 64 may contain a value of 'N' or a space if the Plan Insurance Type (Field 71) contains a 'D'. Error code CS01 will be updated accordingly.