Reimbursement Policy

Title: Inappropriate Primary Diagnosis
Policy Number: RP-P-180X
Application: All products
Last Updated: 10/01/2020
Effective Date: 06/22/2013

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

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Summary:
This policy addresses billing guidelines for reporting ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) codes that should always be sequenced as a secondary or subsequent diagnosis on a CMS1500 claim form or its electronic equivalent.

Policy Statement:
According to the ICD-10-CM guidelines, certain diagnoses should not be billed as a primary or first diagnosis and should always be sequenced as a secondary or subsequent diagnosis. Consistent with CMS, Medica will apply diagnosis coding guidelines that identify codes that should never be billed as a primary diagnosis.

Code Lists:
On or after date of service 10/01/2020:
Inappropriate Primary Diagnosis ICD-10-CM Code List
Reimbursement Policy: Inappropriate Primary Diagnosis

Resources:

<table>
<thead>
<tr>
<th>Centers for Disease Control and Prevention, International Classification of Diseases, 10th Revision, Clinical Modification</th>
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<tbody>
<tr>
<td>ICD-10-CM Official Guidelines for Coding and Reporting</td>
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Revision Updates:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>10/01/2020</td>
<td>Code list update</td>
</tr>
<tr>
<td>09/21/2020</td>
<td>Annual policy review</td>
</tr>
<tr>
<td>01/01/2018</td>
<td>Code list update</td>
</tr>
<tr>
<td>11/09/2017</td>
<td>Annual policy review</td>
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<tr>
<td>02/23/2017</td>
<td>Code list update; removed ICD-9-CM Guidelines</td>
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