<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Inappropriate Primary Diagnosis</th>
</tr>
</thead>
</table>

**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 CMS-1500 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 List**  
On or after date of service 10/1/2016:  
[Inappropriate Primary Diagnosis ICD-10-CM Code List](#)

**Resources**  
- Centers for Disease Control and Prevention, *International Classification of Diseases, 10th Revision, Clinical Modification*  
- Centers for Medicare and Medicaid Services (CMS)

**Effective Date**  
06/22/2013

**Revision Updates**  
- 02/23/2017  Code list update; removed ICD-9-CM guidelines  
- 08/18/2016  Annual policy review  
- 01/01/2016  Code list update  
- 09/29/2015  Annual policy review; addition of ICD-10-CM code list  
- 06/12/2014  Annual policy review  
- 01/18/2014  Code list update (limited to “E” diagnosis codes)  
- 11/07/2013  Added link to ICD-9-CM guidelines  
- 10/13/2013  Code list update  
- 08/07/2013  Policy statement clarified with no change to policy intent or codes

© 2013-2017 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.