CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-05 Medicare Secondary Payer	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 77	**Date: January 21, 2011**
	Change Request 7149

SUBJECT: Categorizing Diagnosis Codes 500-508 and 800-999 on Incoming Medicare Secondary Payer (MSP) Claims and on the MSP Auxiliary File for non-Group Health Plan (GHP) Claims

I. SUMMARY OF CHANGES: The purpose of this CR is to modify CWF to automate and establish a program where CWF determines whether the DX codes housed on the MSP auxiliary record are related to the ICD-9 DX codes on the incoming claim.

EFFECTIVE DATE: *July 1, 2011
IMPLEMENTATION DATE: July 5, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	6/40.10/Processing of Diagnosis Codes Related or Unrelated to an Accident or Injury for Non-GHP Claims
N	6/40.10.1/ Definition of Diagnosis Category Codes and Examples

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-05	Transmittal: 77	Date: January 21, 2011	Change Request: 7149

SUBJECT: Categorizing Diagnosis Codes 500-508 and 800-999 on Incoming Medicare Secondary Payer (MSP) Claims and on the MSP Auxiliary File for non-Group Health Plan (GHP) Claims

Effective Date: July 1, 2011

Implementation Date: July 5, 2011

I. GENERAL INFORMATION

A. Background: Medicare contractors receive Liability, No-Fault (NF), and Workers' Compensation (WC), as well as Black Lung (BL), MSP claims with ICD-9 diagnosis (DX) codes resulting from an accident or injury. DX codes are placed on the beneficiary MSP auxiliary file for purposes of processing non-GHP MSP claims correctly. An MSP Liability, NF, or WC record with associated DX code(s) tells CWF to process the claim as secondary or conditionally if a conditional payment code is associated to the MSP file telling the contractor to make a conditional payment. The COB Contractor (COBC) also determines what DX codes should be placed on the beneficiary MSP file when diagnosis information is received through COB development process.

There are situations where Liability, NF, BL or WC claims contain a DX code that does not exactly match the code reflected on the MSP auxiliary file. This has led to MSP claims being inappropriately denied or not paid appropriately. Often, it is later determined that the DX code on the claim is related to the accident and injury DX code found on CWF. Currently, CWF cannot determine whether the DX codes on the incoming claim and on CWF are related. At present, the only way to determine if the DX codes on the claim are related to the DX codes on CWF is for contractors to send an Electronic Correspondence Referral System (ECRS) request to the COBC to initiate development, or for the contractors to look on a DX code table to determine whether the codes are related. Both processes are time consuming and costly.

This CR instructs CWF to automate and establish a program where CWF determines whether the DX codes housed on the MSP auxiliary record are related to the ICD-9 DX codes on the incoming claim without unnecessarily prompting denial of claims or requiring the contractor to determine if the DX codes are related. The best way to assist in this process is to associate each DX code with the category of codes with which that DX code is affiliated. Contractors may use an ICD-9 code list as deemed necessary when DX code research is warranted for beneficiary claims and other MSP purposes. To clarify, contractors and systems shall assume that category codes in the ranges identified below are related. Likewise, category codes in the 800.x through the 804.xx shall be deemed related. However, CWF shall assume that category codes 804 and 805, which relate to separate classification of fractures, are not related to each other.

NOTE: Preceding guidance applies to the current ICD-9 DX code categories 500-508 and 800-999 MSP procedures and not ICD-10 MSP procedures. An ICD-10 MSP processes and procedures CR shall be issued once the ICD-10 MSP workgroup meets to discuss all pertinent MSP ICD-10 issues. Contractors shall continue to follow current MSP policy and development procedures for all other DX codes received that do not fall within 500-508 and 800-999 DX categories as identified in this instruction.

EXAMPLE:

Fractures are currently identified in the 800-829 DX code range. Codes within the 800 - 804 category (Fracture of Skull) are not related to codes within the 805 – 809 category (Fracture of the Neck and Trunk). If a CWF MSP beneficiary record contains a DX code 800.2, but an 806.1 DX code is received on an incoming claim, CWF and the contractor shall not assume that the 806.1 DX code is related to the code on the MSP record. Development actions by the contractor are required. Following are a few more specific examples:

EXAMPLE 1: A beneficiary has several injuries due to an automobile accident. The beneficiary previously acquired fractures to the base of the skull (801), multiple fractures involving skull or face with other bones (806), and a fracture of pelvis (808). The incoming claim shows DX codes 801.6, 801.8, 801.9, 806.1, 806.71, 806.79, 808.49 and 808.53 (**NOTE:** A fifth digit may be included in these series of DX codes that fall within these categories to reflect highest level of specificity). The CWF MSP auxiliary record currently reflects DX codes 801.8, 806.71 and 808.49. The DX codes found on the MSP auxiliary record therefore fall within the 801, 806, and 808 category codes. The DX codes on the claim include additional codes that also fall within the 801, 806, and 808 categories of codes. The CWF will interpret this to mean that claim DX codes 801.6, 801.9, 806.1, 806.79, and 808.53 falls within the same category of codes as 801, 806, and 808 and therefore are related to the injury noted on the MSP auxiliary record. The contractor shall process the claim appropriately without further development or manual intervention even though the DX codes on the claim do not exactly match the codes on CWF. The DX codes on the claim do not need to be forwarded and placed on the CWF MSP auxiliary file because the related codes already exist on CWF.

EXAMPLE 2: The same beneficiary from Example 1 has another accident a few months later. This time, the beneficiary fell at the local grocery store. The beneficiary goes to the hospital where it is determined he has a fractured ankle and phalange. The DX codes provided on the claim are 824.1, 824.7 and 826.1. The contractor receives the claim and determines this accident is not related to a current accident/injury noted on the existing MSP auxiliary record. The contractor therefore 1) establishes an "I" record at CWF, since there is enough information on the claim to create an "I" record, and 2) ensures that the DX codes on the claim are also uploaded to CWF. Any subsequent future claims received with additional DX codes that fall within the 824 and 826 DX code categories shall be processed appropriately as codes related to the accident or injury and based on the non–GHP processing rules.

EXAMPLE 3: The COBC received information indicating a beneficiary was involved in an accident at her workplace. The COBC mails a development letter to the beneficiary requesting additional information on the accident. The beneficiary responds stating she suffered from a concussion and lost consciousness for no more than one hour. Through development COBC determines that the DX code is 850.12 for the incident and creates a CWF MSP auxiliary record in which this code is reflected. The beneficiary later sees her specialist, who includes DX codes 850.2 and 850.9 on the claims submitted to Medicare. These DX codes that appear on the specialist's incoming claims, following creation of the original MSP record, shall assume to be related to the accident and processed by the Medicare contractor accordingly. The DX codes on the claim do not need to be forwarded and placed on the CWF MSP auxiliary file because the related codes already exist on CWF.

EXAMPLE 4: A Medicare beneficiary is also entitled to BL benefits. A 500 DX code is on the beneficiary BL MSP auxiliary file record. A contractor receives a claim containing accident services including a DX 506.4 which is not related to the BL DX code 500 as found on CWF. A new MSP record may need to be uploaded for a new accident and injury record. The contractor processes the new MSP information and claim accordingly based on the COBC development and non-GHP MSP claims processing rules.

B. Policy: Non- GHP MSP claims must be processed in accordance with the MSP statutes and processing provisions.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7149.1	CWF shall accept and implement the attached DX code file that is found in attached IOM 100-05/6/40.10 that identifies all DX codes and respective categories.									X	
7149.1.1	CWF shall associate each DX code currently in the MSP auxiliary record to the DX code for that particular DX code found on incoming non-GHP MSP claims.									X	
7149.1.2	CWF shall associate the category of DX code, or DX code, received on a claim and determine if a matching DX code/category is present within an existing CWF MSP auxiliary record.									X	
7149.1.3	CWF shall determine whether the DX code received on an incoming MSP claim falls within the same category of DX codes already present within a CWF MSP auxiliary record.									X	
7149.2	CWF shall assume that when the DX code, as referenced on the CWF MSP auxiliary record, falls within the category DX code, as identified by CMS instruction, the DX code on the incoming hardcopy or electronic claim is related to the accident or injury incident for which MSP applies.									X	
7149.2.1	If the DX codes on the claim fall within the same category of code, as identified by CMS instruction, and as reflected on the CWF MSP, BL, liability, NF, or WC auxiliary record, the shared systems shall process the claim accordingly.						X		X		
7149.2.2	COBC shall include the DX code on the MSP liability, BL, NF, or WC auxiliary record as appropriate when a DX code is received on an ECRS request or as a result of an "I" record.										COBC
7149.2.3	The CWF system shall deem that the DX code on a claim falls within a category code found in CWF auxiliary record unless a different MSP type code (not equal to D, E, L and H) is identified on the claim which warrants COBC development or an "I" record to be established.									X	
7149.2.4	Contractors shall continue to develop information through ECRS for non-GHP claims issues where claim	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	information is incomplete and assistance is needed to open or update an MSP record on CWF.										
7149.2.5	When submitting ECRS CWF assistance requests to the COBC contractors shall continue to place the DD or DX Action Code in the DIAG field to develop for DX codes or change DX codes as they do today.	X	X	X	X	X					
7149.2.6	Contractors shall continue to follow current MSP policy and development procedures for all other DX codes received that do not fall within 500-508 and 800-999 DX categories as identified in this instruction for non-GHP MSP records.	X	X	X	X	X				X	
7149.2.7	Contractors shall continue to establish an "I" record if enough information on the incoming non-GHP claim, which shall include the DX codes, exists to create an MSP record.	X	X	X	X	X					
7149.3	The CWF shall identify and document the most frequently used DX codes found in the MSP auxiliary file for open, terminated and deleted NF, Liability and WC records to assist CMS in determining which DX codes should be categorized in future MSP change requests.									X	
7149.3.1	The CWF shall create a onetime excel file that identifies the DX codes and the total number of iterations identified for each DX code currently found on non-GHP MSP records with accretion dates of January 1, 2005 through June 30, 2011.									X	
7149.3.2	Hewlett Packard (HP) shall provide CWF, prior to beta, UAT and production, a copy of the MSP Auxiliary File for each of the 9 hosts.									X	HP CWF Host
7149.3.3	CWF shall send the completed report to the author of this CR no later than July 30, 2011.									X	
7149.4	CWF shall update error codes 6816 (for Part A) and 6817 (for Part B) to include BL.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard.Mazur@cms.hhs.gov, (410) 786-1418

Post-Implementation Contact(s): Richard.Mazur@cms.hhs.gov, (410) 786-1418

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Secondary Payer (MSP) Manual
Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

Table of Contents
(Rev.77, Issued: 01-21-11)

40.10 – Processing of Medicare Secondary Payer Claims Related or Unrelated to an Accident of or Injury for Non-GHP Claims with Diagnosis Codes 500-508 and 800-999

(Rev. 77, Issued: 01-21-11, Effective: 07-01-11, Implementation: 07-05-11)

Medicare contractors receive Liability, No-Fault (NF), and Workers' Compensation (WC), as well as Black Lung (BL), Medicare Secondary Payer (MSP) claims with ICD-9 diagnosis (DX) codes resulting from an accident, illness, or injury. DX codes are placed on the beneficiary MSP auxiliary file for purposes of processing non group health plan (non-GHP) MSP claims correctly. An MSP Liability, NF, or WC record with associated DX code(s) tells CWF to process the claim as secondary, or conditionally, if a conditional payment code is associated to the MSP file telling the contractor to make a conditional payment. The COB Contractor (COBC) also determines what DX codes should be placed on the beneficiary MSP file when diagnosis information is received through COB development process.

Effective July 1, 2011, CMS is automating the ICD-9 DX code matching process for DX Code categories 500-508 and 800-999 only and establishing a process where CWF determines whether the DX codes housed on the MSP auxiliary record are related to the ICD-9 DX codes on the incoming claim without unnecessarily prompting denial of claims or requiring the contractor to determine relatedness. The best way to assist in this process is to associate each DX code with the category of codes with which that DX code is affiliated. Contractors shall continue to follow current MSP policy and development procedures for all other DX codes received that do not fall within 500-508 and 800-999 DX categories as identified in this instruction. Contractors may use an ICD-9 code list as deemed necessary when DX code research is warranted for beneficiary claims and other MSP purposes.

NOTE: *The preceding guidance applies to the current ICD-9 DX category codes 500-508 and 800-999 MSP procedures and not ICD-10 MSP procedures. An ICD-10 MSP processes and procedures instruction shall be issued after the MSP ICD-10 workgroup meets to discuss all pertinent MSP ICD-10 issues and the latest ICD-10 codes are published.*

40.10.1 Definition of Diagnosis Category Codes and Examples

(Rev. 77, Issued: 01-21-11, Effective: 07-01-11, Implementation: 07-05-11,)

Contractors, and their associated systems, shall assume that category codes in the ranges identified below are related. Likewise, category codes in the range 800.x through the 804.xx shall be deemed related. However, CWF shall assume that category codes 804 and 805, which relate to separate classification of fractures, are not related to each other.

Below are the ICD -9 DX Codes for category ranges that include Black Lung Code (500), Lung Diseases (501-508) and Injury and Poisoning Codes (800-999)

ICD-9 Clinical Modification (CM) contains sections of related codes which are grouped by injuries to specific body parts or systems. These sections are shown within the ICD-9-CM code book preceding each section. Listed below are the general categories of these sections along with the specific code range within each section. Assume that codes within each section are related except as noted below.

***Coal Workers' Pneumoconiosis (500)** – Only one code is used to identify Black Lung for MSP purposes.*

***Pneumoconiosis and other lung diseases due to external agents (501 -508)** - codes 501.00 - 508.00. Contractors shall assume each DX code within this category is related.*

***Fractures (800-829) Fracture of skull (800-804)** – code range = 800.00 – 804.99. Contractors shall assume each DX code within this category is related.*

Fracture of neck and trunk (805-809) – code range = 805.00 – 809.18. Contractors shall assume each DX code within this category is related.

Fracture of upper limb (810-819) – code range = 810.00 – 819.13. Contractors shall assume each DX code within this category is related.

Fracture of lower limb (820-829) – code range = 820.00 – 829.1. Contractors shall assume each DX code within this category is related.

Dislocations (830-839)

Contractors shall assume each code within the 3--digit code category for dislocations is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 830 (830.0 – 830.1) shall be assumed to be related; however, codes within category 831 (831.0 – 831.9) shall assume to be unrelated to the 830 category DX codes.

Sprains and strains of joints and adjacent muscles (840-848)

Contractors shall assume each code within the 3- digit code category for sprains and strains is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 840 (840.0 – 840.9) shall assume to be related; however, codes within category 841 (841.0 – 841.9) shall assume to be unrelated to the 840 category DX codes.

Intracranial injury, excluding those with skull fracture (850-854) (codes 850.0 – 854.19)

Contractors shall assume each code with the 3-digit code category for intracranial injuries is related. For instance, all codes within category 850 (850.0 – 850.9) shall assume to be related; however, codes within category 854 (854.0 – 854.1) shall assume to be unrelated to the 850 category DX codes.

Injury codes from 860 -869 (codes 860.0– 869.1)

Contractors shall assume each code within the 3- digit code category for injuries is related

Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 861 (861.0 – 861.32) shall assume to be related; however, codes within category 862 (862.0 – 862.9) shall assume to be unrelated to the 861 category DX codes.

Open wound of head, neck and trunk (870-879)

Contractors shall assume each code within the 3-digit code category for open wounds is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 870 (870.0 – 870.9) shall assume to be related; however, codes within category 876 (876.0 – 876.1) shall assume to be unrelated to the 870 category DX codes

Open wound of upper limb (880-887), codes 880.00 – 887.7

Contractors shall assume DX codes within this category range are related.

Open wound of lower limb (890-897), codes 890.0 – 897.7

Contractors shall assume DX codes within this category range are related.

Injury to blood vessels (900-904), codes 900.00 – 904. 9

Contractors shall assume DX codes within this category range are related.

Late effects of injuries, poisonings, toxic effects, and other external causes (905 – 909), codes 905.0 – 909.9

Contractors shall assume each code within the 3- digit code category is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 905 (905.0 – 905.9) shall assume to be related; however, codes within category 908 (908.0 – 908.9) shall assume to be unrelated to the 905 category DX codes.

Superficial injury (910 – 919), codes 910.0 – 919.9

Contractors shall assume each code within the 3- digit code category is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes

within category 910 (910.0 – 910.9) shall assume to be related; however, codes within category 916 (916.0 – 916.9) shall assume to be unrelated to the 910 category DX codes.

Contusion with intact skin surface (920 – 924), codes 920 – 924.9

Contractors shall assume each code within the 3-digit code category is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 921 (921.0 – 921.9) shall assume to be related; however, codes within category 924 (924.00 – 924.9) shall assume to be unrelated to the 921 category DX codes.

Crushing injury (925 – 929), codes 925.1 – 929.9

Contractors shall assume DX codes within this category range are related.

Effects of foreign body entering through orifice (930-939), codes 930.0 – 939. 9

Contractors shall assume each code within the 3-digit code category is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 930 (930.0 – 930.9) shall assume to be related; however, codes within category 934 (934.0 – 934.9) shall assume to be unrelated to the 930 category DX codes.

Burns (940-949), codes 940.0 – 949.5

Contractors shall assume DX codes within this category range are related.

Injury to nerves and spinal cord (950- 957), codes 950.0 – 957.9

Contractors shall assume DX codes within this category range are related.

Certain traumatic complications and unspecified injuries (958 – 959), codes 958.0 – 959.9

Contractors shall assume DX codes within this category range are related.

Poisoning by drugs, medicinal and biological substances (960-979)

Contractors shall assume each code within the 3-digit code category for poisoning by drugs medicinal and biological substances is related. Contractors shall assume codes outside of the 3-digit category are not related. For instance, all codes within category 960 (960.0 – 960.9) shall assume to be related; however, codes within category 961 (961.0 – 961.9) shall assume to be unrelated to the 960 category codes.

Toxic effects of substances chiefly non-medicinal as to source (980 – 989)

Contractors shall assume each code within the 3-digit code category for toxic effects of substances chiefly non-medicinal as to source is related. Codes outside of the three digit category are not related. For instance, all codes within category 980 (980.0 – 980.9) shall be

assumed to be related; however, codes within category 982 (982.0 – 982.8) shall be assumed to be unrelated to the 980 category codes.

Other and unspecified effects of external causes (990-995), codes 990.0 – 995.94

Contractors shall assume each code within the 3-digit code category is related. Contractors shall assume that codes outside of the 3-digit category are not related. For instance, all codes within category 991 (991.0 – 991.9) shall assume to be related; however, codes within category 992 (992.0 – 992.9) shall assume to be unrelated to the 991 category DX codes.

Complications of surgical and medical care NEC (996-999)

Contractor shall assume each code with the 3-digit category is related unto itself. For instance, codes 996.0, 996.1, 996.2, 996.3, 996.4, 996.5, 996.6, 996.7, 996.8, 996.9 are not related to each other; however, 996.40 and 996.41, which are within its' own category, are related to each other. (Note: A fifth digit may be included in these series of DX codes that fall within these categories to reflect highest level of specificity).

To further explain, codes 997.0, 997.1, 997.2, 997.3, 997.4, 997.5, 997.6 997.7, 997.9 are not related to each other; however, codes 997.60 and 997.62, which are within its' own category, are related to each other.

Codes 998.0, 998.1, 998.2, 998.3, 998.4, 998.5, 998.6, 998.7, 998.8, and 998.9 are not related to each other; however, codes 998.30 and 998.31 which are within its' own category, are related to each other.

Codes 999.0, 999.1, 999.2, 999.3, 999.4, 999.5, 999.6, 999.7, 999.8, 999.9 are not related to each other; however, codes 999.31 and 999.39 which are within its' own category, are related to each other.

***Examples**:*

Fractures are currently identified in the 800-829 DX code range. Codes within the 800 – 804 category (Fracture of Skull) are not related to codes within the 805 – 809 category (Fracture of the Neck and Trunk). For instance, if a beneficiary CWF MSP auxiliary record contains a DX code 800.2, but an 806.1 DX code is received on an incoming claim, CWF and the contractor shall not assume that the 806.1 DX code is related to the 800.2 DX code on the MSP record. Development actions by the contractor are required in this situation. Following are a few more specific examples:

***Example 1**: A beneficiary has several injuries due to an automobile accident. The beneficiary previously acquired fractures to the base of the skull (801), multiple fractures involving skull or face with other bones (806), and a fracture of pelvis (808). The incoming claim shows DX codes 801.6, 801.8, 801.9, 806.1, 806.71, 806.79, 808.49 and 808.53 (Note: A fifth digit may be*

included in these series of DX codes that fall within these categories to reflect highest level of specificity.). The CWF MSP auxiliary record currently reflects DX codes 801.8, 806.71 and 808.49. The DX codes found on the MSP auxiliary record therefore fall within the 801, 806, and 808 category codes. The DX codes on the claim include additional codes that also fall within the 801, 806, and 808 categories of codes. The CWF will interpret this to mean that claim DX codes 801.6, 801.9, 806.1, 806.79, and 808.53 falls within the same category of codes as 801, 806, and 808 and therefore are related to the injury noted on the MSP auxiliary record. The contractor shall process the claim appropriately without further development or manual intervention even though the DX codes on the claim do not exactly match the codes on CWF. The DX codes on the claim do not need to be forwarded and placed on the CWF MSP auxiliary file because the related codes already exist on CWF.

***Example 2**: The same beneficiary from Example 1 has another accident a few months later. This time, the beneficiary fell at the local grocery store. The beneficiary goes to the hospital where it is determined he has a fractured ankle and phalange. The DX codes provided on the claim are 824.1, 824.7 and 826.1. The contractor receives the claim and determines this accident is not related to a current accident/injury noted on the existing MSP auxiliary record. The contractor therefore 1) establishes an "I" record at CWF, since there is enough information on the claim to create an "I" record, and 2) ensures that the DX codes on the claim are also uploaded to CWF. Any subsequent future claims received with additional DX codes that fall within the 824 and 826 DX code categories shall be processed appropriately as codes related to the accident or injury and based on the non–GHP processing rules.*

***Example 3**: The COBC received information indicating a beneficiary was involved in an accident at her workplace. The COBC mails a development letter to the beneficiary requesting additional information on the accident. The beneficiary responds stating she suffered from a concussion and lost consciousness for no more than one hour. Through development COBC determines that the DX code is 850.12 for the incident and creates a CWF MSP auxiliary record in which this code is reflected. The beneficiary later sees her specialist, who includes DX codes 850.2 and 850.9 on the claims submitted to Medicare. These DX codes that appear on the specialist's incoming claims, following creation of the original MSP record, shall assume to be related to the accident and processed by the Medicare contractor accordingly. The DX codes on the claim do not need to be forwarded and placed on the CWF MSP auxiliary file because the related codes already exist on CWF.*

***Example 4**: A Medicare beneficiary is also entitled to BL benefits. A 500 DX code is on the beneficiary BL MSP auxiliary file record. A contractor receives a claim containing accident services including a DX 506.4 which is not related to the BL DX code 500 as found on CWF. A new MSP record may need to be uploaded for a new accident and injury record. The contractor processes the new MSP information and claim accordingly based on the COBC development and non-GHP MSP claims processing rules.*