Facility Billing Policy Update: Reporting an ICD-10 Manifestation Code as a Primary/Principal Diagnosis

In compliance with use of ICD-10-CM diagnosis codes for dates of service on or after October 1, 2015, UnitedHealthcare Community Plan follows the guidance from the Centers for Disease Control (CDC) and Medicare and Medicaid Services (CMS) in using the ICD-10-CM code set.

The CDC guidelines can be found at [http://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_final.pdf](http://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_final.pdf)
The CMS guidance can be found at [https://www.cms.gov/Medicare/Coding/ICD10/index.html](https://www.cms.gov/Medicare/Coding/ICD10/index.html)

When determining a diagnosis code that cannot be used in the principle/primary position, United Health Care Community Plan will base the designation utilizing the ICD-10-CM Official Guidelines for Coding and Reporting for all non-outpatient facility settings including acute care, short term, long term care and psychiatric hospitals; home health agencies; rehab facilities; and nursing home facilities. This requirement will apply to facilities reporting services using the UB-04 Form or its electronic equivalent successor form.

A manifestation code describes the manifestation of an underlying disease, not the disease itself, and therefore, cannot be submitted on a claim as a principal/primary diagnosis. To enhance compliance with the ICD-10-CM code set, claims submitted with dates of service on or after July 1, 2016 with a diagnosis code in the first position that cannot be used as principle/primary diagnosis, will be denied for non-outpatient claims submitted by facility providers (including acute care, short term, long term care and psychiatric hospitals; home health agencies; rehab facilities; and nursing home facilities).

Per the CDC ICD-10-CM Official Guidelines for Coding and Reporting, Section 13. Etiology/manifestation convention (“code first”, “use additional code” and “in diseases classified elsewhere” notes) offers manifestation codes should be reported as follows:

“Certain conditions have both an underlying etiology and multiple body system manifestations. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists, there is a “use additional code” note at the etiology code, and a “code first” note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.

In most cases the manifestation codes will have in the code title, “in diseases classified elsewhere.” Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. “In diseases classified elsewhere” codes are never permitted to be used as first-listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition. See category F02, Dementia in other diseases classified elsewhere, for an example of this convention.
There are manifestation codes that do not have “in diseases classified elsewhere” in the title. For such codes, there is a “use additional code” note at the etiology code and a “code first” note at the manifestation code and the rules for sequencing apply.

In addition to the notes in the Tabular List, these conditions also have a specific Alphabetic Index entry structure. In the Alphabetic Index both conditions are listed together with the etiology code first followed by the manifestation codes in brackets. The code in brackets is always to be sequenced second.

An example of the etiology/manifestation convention is dementia in Parkinson’s disease. In the Alphabetic Index, code G20 is listed first, followed by code F02.80 or F02.81 in brackets. Code G20 represents the underlying etiology, Parkinson’s disease, and must be sequenced first, whereas codes F02.80 and F02.81 represent the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance.

“Code first” and “Use additional code” notes are also used as sequencing rules in the classification for certain codes that are not part of an etiology/manifestation combination.”

For additional guidance on ICD-10 coding conventions and including the appropriate sequencing of manifestation codes please refer to the CDC official guidelines.

**Note Regarding Reimbursement Policies**

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member’s benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member’s benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.