



Network Notification

Date: December 7, 2010

Number: OH-P-2010-37

To: Ohio Providers

From: CareSource

Subject: CareSource Medical Claim Edit z60 – Not a Primary Diagnosis

Effective Date: November 19, 2009

The following provides an understanding of the most commonly incorrectly billed diagnosis codes as the primary diagnosis by CareSource providers.

These codes cannot be billed as a Primary Diagnosis by ICD-9.

V58.69 – Encounter for long-term (current) use of other medication

V22.2 – Pregnant state, incidental

V58.61 – Encounter for long-term (current) use of anticoagulants

V44.3 – Colostomy status

V44.2 – Ileostomy status

V44.0 – Tracheostomy status

362.01 – Background diabetic retinopathy

V15.86 – Personal history of exposure to lead, presenting hazards to health

V43.65 – Knee joint replacement by other means

V15.89 – Other

Example below based on the AMA version of the ICD-9-CM Official Guidelines :

1

First Listed: The number 1 inside a circle appears before V codes that may be listed as the first code, and may also be listed as an additional V code according to the V Code Table in the *ICD-9-CM Official Guidelines for Coding and Reporting*.

2

Additional Only: The number 2 inside a circle appears before V codes that may only be listed as an additional code. These codes may not be listed as a first code according to the V Code Table in the *ICD-9-CM Official Guidelines for Coding and Reporting*.



Not a first-listed DX: The blue dot before a code indicates that the code should not be reported as the first-listed (primary) diagnosis.

For additional questions on diagnosis codes, please refer to the [*ICD-9-CM Official Guidelines for Coding and Reporting*](#).