



## Payment Policy:

# Manifestation and Secondary Diagnosis Code Guidelines (Commercial & Medicare)

Effective Date: 8/31/2021

Number: RP20210015

**Reimbursement Guideline Disclaimer:** EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

## Policy Statement:

EmblemHealth promotes correct claims coding, including the appropriate use of Manifestation Codes. Manifestation codes describe the manifestation of an underlying disease, not the disease itself.

## Coding Guidelines:

The ICD-10-CM Manual includes the following instructions for the use of manifestation codes:  
EmblemHealth promotes correct claims coding, including the appropriate use of Manifestation Codes. Manifestation codes describe the manifestation of an underlying disease, not the disease itself. The ICD-10-CM Manual includes the following instructions for the use of manifestation and secondary diagnosis codes:

### Manifestation Codes:

- Do not report a manifestation code as the only diagnosis
- Do not report a manifestation code as a first-listed or principal diagnosis
- Code the underlying disease first
- Manifestation codes are backed by blue highlights in the ICD-10-CM Manual
  - Please reference the legend at the bottom of the page that shows color highlights and definitions.
- A "Code first underlying disease" instructional note will appear with the underlying disease codes identified
- In the Alphabetic Index, manifestation codes are listed as the secondary code in slanted brackets with the code for the underlying disease listed first.

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- For conditions that have both an underlying etiology and multiple body system manifestations (etiology/manifestation convention):
  - The etiology code will have a “use additional code” note
  - The manifestation code will have a “code first” note
  - In most cases, “in disease classified elsewhere” will be in the code manifestation title. The code title indicates a manifestation code
- “In diseases classified elsewhere” codes are not to be used as first listed or principal diagnosis code. They must be used in conjunction with an underlying condition code, following the underlying condition.

#### **Secondary Codes:**

The ICD-10-CM Official Guidelines for Coding and Reporting identifies which codes maybe assigned as principal or first-listed diagnosis only, secondary diagnosis only, or principal/first-listed or secondary (depending on the circumstances).

EmblemHealth will deny a claim when a secondary diagnosis is first-listed or principal diagnosis for any procedure or service.

#### **References**

1. American Medical Association, ICD-10-CM Coding Manul and associated publications and services.
2. Centers for Medicare and Medicaid Services, CMS Manual System or other CMS publications and services

#### **Revision history**

DATE	REVISION
5/2021	<ul style="list-style-type: none"><li>• New Policy</li></ul>