Effective with dates of service **October 1, 2017** Wyoming Medicaid is requiring that providers submit claims with external cause codes for any accident and injury related services, such as fractures, wounds, other injuries, contusions, burns, and head injuries (priority third party liability diagnoses). Both professional and institutional claims will be impacted by this policy change. Claims for healthcare related conditions may also be billed with external cause codes. Chapter 20 of the ICD-10-CM Official Guidelines for Coding and Reporting provides that external cause codes may be billed for any diagnosis in the range of A00.0 - T88.9, Z00-Z99.

Wyoming Medicaid delayed full implementation and enforcement of the requirement to bill with external cause codes for two (2) years to give providers time to adjust to the change in policy and to obtain CMS approval to move forward with this billing requirement.

**NOTE:** This policy change does not impact the current national standard where external cause codes cannot be submitted on a claim as the primary, principle or first-listed diagnosis code. Currently, claims deny if an external cause code is referenced as the first-listed diagnosis code.

**MEDICAID REQUIREMENT FOR USE OF EXTERNAL CAUSE CODES**

The Department of Health and Human Services mandated the use of ICD-10 CM diagnoses as of October 1, 2015. The Wyoming Department of Health, Division of Healthcare Financing/Wyoming Medicaid (WDH) has updated their claims processing system and policy to comply with the new ICD-10 requirements.

The Centers for Medicare and Medicaid Services (CMS) mandates identification of claims resulting from a possible trauma, claims that have a high probability of leading to third party recovery, and pursuing claims for possible third party recovery.

Beginning with dates of service October 1, 2017, Wyoming Medicaid will require providers to include external cause codes for any accident or injury related claims submitted for services, such as fractures, wounds, other injuries, contusions, burns, and head injuries (priority third party liability diagnoses). Chapter 20 of the ICD-10-CM Official Guidelines for Coding and Reporting states that external cause codes may be billed for any diagnosis in the range of A00.0 - T88.9, Z00-Z99. This includes reporting external causes, places of occurrence, activities and external cause statuses for

"Cause" codes, previously referred to as "E-codes", provide critical information concerning the nature of accidents and injuries that result in a major cost to healthcare. External cause codes provide valuable data for injury research and evaluation of injury prevention strategies. Historically, identification of claims resulting in third party liability (TPL) and coordination of benefits for injury related conditions based on the use of diagnosis codes has been a major challenge. Traditionally, the 800-900 range of diagnosis codes in ICD-9-CM represented injury related codes. ICD-9 included many diagnosis codes that were unlikely to be TPL related, while omitting diagnosis codes outside of this range commonly used for patients with injury related conditions. Reporting and tracking external cause codes will help reduce the cost of care for WDH by assuring claims are coordinated with the entities responsible for reimbursing providers and WDH. Currently many TPL claims are not identified and external cause codes will capture how the injury or health condition happened (cause), the intent (unintentional, accidental or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event, and the person's status (e.g., civilian, military, volunteer, etc.). These codes assist the clinician or the provider performing treatment and will help improve the quality of patient care.

**BILLING REQUIREMENTS FOR ACCIDENTS AND INJURIES**

Beginning with dates of service October 1, 2017 claims submitted for Wyoming Medicaid clients will be required to include ICD-10-CM external cause codes (defined below) for patients undergoing evaluation and treatment for accident or injury related conditions, such as fractures, wounds, other injuries, contusions, burns, and head injuries (priority third party liability diagnoses).

**INITIAL EVALUATION:**

**Primary**

- Submit as **primary** the most **specific** ICD-10-CM code possible that describes the **nature of the patient's condition** for which the patient is being seen given the information available to the provider at the time.

**Note:** The external cause code must be used for the length of treatment.

**Secondary**

- Submit as **secondary**, the code(s) that best describes the **external cause** of injury as described by the patient and/or information available to the provider at the conclusion of the encounter. (See CMS Tabular Index for ICD-10-CM - V00 through Y849.) Include as many external cause codes as needed to describe the circumstances of the injury.

- **NEVER SUBMIT AN EXTERNAL CAUSE CODE AS THE PRIMARY/PRINCIPAL/FIRST-LISTED DIAGNOSIS.** If an external cause code is billed as the primary/principal/first-listed diagnosis code, Wyoming Medicaid will deny the claim. National standards require external cause codes to be listed as secondary/additional diagnosis codes to the nature of condition being treated. Claims prior to ICD-10 implementation have been denied if the primary or principal diagnosis code was an "E-code".

- Submit as **secondary** the code that best describes the **place of occurrence** of the injury. (See CMS Tabular Index for ICD-10-CM - Y9200 through Y9289.) The **place of occurrence**
is reported at the initial encounter with the patient. It is secondary to the external cause code.

- Submit as **secondary** the code that best describes **activity at the time of injury**, where some defined activity is a factor. (See CMS Tabular Index for ICD-10-CM - Y9301 through Y9389.) **The activity of the patient is reported with the place of occurrence and is only reported at the initial encounter with the patient.**

- Submit as **secondary** the code that best describes **external cause status** at the time of the injury. (See CMS Tabular Index for ICD-10-CM - Y990 through Y998.)

  - Y990 - Civilian activity done for income or pay
  - Y991 - Military activity
  - Y992 - Volunteer activity
  - Y998 - Other external cause status

**DO NOT USE THE FOLLOWING CODES:**

The following external cause codes are examples of codes that are non-specific and should not be used. Claims may be denied if the following codes are listed on the claim:

- V99 Unspecified transport accident
- W19XXX... Unspecified fall
- W99 Exposure to other man-made environmental factors
- X58XXX... Exposure to other specified factors
- Y849 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
- Y929 Unspecified place or not applicable
- Y9389 Activity Unspecified
- Y999 Unspecified external cause status

**SUBSEQUENT EVALUATION:**

For subsequent encounters or management of sequela (means late effect) of the original injury, the primary diagnosis code should include: the description of the original injury defined as subsequent encounter of sequela.

- The external cause code must be reported with the appropriate 7th character (initial encounter (A), subsequent encounter (D), or sequela (S)) for the duration of treatment.
- While the patient may be seen by a new or different provider over the course of treatment for an injury or condition, assignment of the 7th character for external cause should match the 7th character of the code assigned for the associated injury or condition for the encounter.
- The 7th digit defines the encounter as being an initial encounter, subsequent encounter, or sequela/late effect.

**Examples:**

- [S82231D] Displaced oblique fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
- [S82231S] Displaced oblique fracture of shaft of right tibia, sequela
INSTITUTIONAL VERSUS PROFESSIONAL CLAIMS SUBMISSION:

Professional claims: The 837 professional HIPAA claim standards allow for submitting external cause code(s) in the secondary ICD-10-CM code fields. Up to 11 secondary codes may be listed in the transaction.

Institutional claims: The 837 institutional HIPAA claim standards allow for submission of 12 fields specifically defined for external cause code reporting according to the X12 ANSI 5010 HIPAA transaction standards (5010 TR3 allows for 12 external cause codes).

**However, when Wyoming Medicaid remediated its system for 5010 transaction (institutional) it only required one (1) external cause code in the 5010 TR3. The clearinghouse will allow 12 external cause codes in the TR3, but the MMIS will only allow one (1) as it was not seen as necessary to process claims. In order to meet the mandate for billing with external cause codes, bill the external cause code diagnoses in the secondary diagnoses fields.**

- "Present on admission" code definition requirements apply to use of external cause codes on the institutional claim similar to the POA requirement for other diagnosis codes.

EXAMPLE CLINICAL SCENARIO:

A 27 year-old male was working on a construction project on the local military base as part of his weekend reserve duty. He was driving a military truck when he collided with another military vehicle entering the construction site. He sustained a displaced comminuted open fracture of the right femoral shaft which is classified as a type II Gustillo classification of open fracture. He was seen by the orthopedist in the emergency room for evaluation and treatment.

The following codes describe the nature of the condition and the circumstances of the injury.

<table>
<thead>
<tr>
<th>Primary Diagnosis:</th>
<th>S72351B Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Cause:</td>
<td>V8604XA Driver of military vehicle injured in traffic accident, initial encounter</td>
</tr>
<tr>
<td>Place of Occurrence:</td>
<td>Y9213 Military base as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Activity:</td>
<td>Y93H3 Activity, building and construction</td>
</tr>
<tr>
<td>External Cause Status:</td>
<td>Y991 Military activity</td>
</tr>
</tbody>
</table>

HELPFUL HINTS:

- Develop new provider intake sheets for all injury related conditions to capture the key data elements required to support selecting the correct codes.
- Ask questions during the history and physical or initial encounter and develop questions to address external cause codes/injuries and accidents.
- Learn the basics of the external cause, place of occurrence, activity and external cause status code.
- Practice coding various clinical situations. Test your environment to assure that accurate coding of varied clinical scenarios is accomplished efficiently and accurately.
• Accurately coded claims leads to better data and will decrease telephone call volumes for clarification of client treatment.

PROVIDERS WHO WILL BE IMPACTED BY THIS CHANGE!!!

Skilled Nursing Facilities, General Acute Care Hospitals, Critical Access Hospitals/General Acute Care Hospitals - Rural, Physical Therapists, Orthopedic Surgery, Emergency Rooms, Emergency Medicine, Urgent Care Clinics, Ambulatory Surgical Centers, Rehabilitation Hospitals, DME, FQHCs, Chiropractors, Radiology, Ambulance, Physicians (Pediatrics, Psychiatry, Neurology, Internal Medicine, Family Practice, General Practice, and Anesthesiology), PRTFs, Home Health, and Rural Health will encounter the greatest impacts related to the new ICD-10 external cause code requirements.

OTHER CONTACTS & RESOURCES

<table>
<thead>
<tr>
<th>CONTACTS/RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Relations</td>
</tr>
<tr>
<td>1-800-251-1268, M-F, 9-5 MST</td>
</tr>
<tr>
<td>Press 2, 1, and 2 to speak to an agent (limited to 1 to 2 enrollment or 3 billing questions)</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services website for official ICD-10-CM companion guide</td>
</tr>
<tr>
<td>&quot;What's New&quot; Web Page</td>
</tr>
<tr>
<td>Current Provider Bulletins and Newsletters</td>
</tr>
<tr>
<td>External Cause Codes billing resource with sample injury related patient intake data collection form</td>
</tr>
</tbody>
</table>

Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:
http://stopmedicaidfraud.wyo.gov
1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit www.wyhealth.net for more information

Unsubscribe

Be sure to add wycustomersvc@conduent.com to your address book to ensure the proper delivery of
your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations at 1-800-251-1268.

http://wymedicaid.acs-inc.com/contact.html

Deployment:

Date: 8/10/17

Time: 12:15 PM MST

Audience: All providers, except Waiver, Dental, IHS, Pharmacist