



Clover Health Inappropriate Primary Diagnosis Reimbursement Policy

Policy # RP-051

Policy Title	Inappropriate Primary Diagnosis Reimbursement Policy
Policy Department	Payment Strategy & Optimization
Effective Date	6/30/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy addresses reimbursement guidelines for reporting appropriate ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) Primary diagnosis on an Inpatient Facility UB04 claim form or its electronic equivalent.

Definitions:

- Principal Diagnosis:
 - The condition established by the Provider that is responsible for the admission to the facility.



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CMS and Clover utilize the Medicare Code Editor (MCE) to flag certain diagnosis codes as unacceptable when billed as a primary/principal diagnosis. Utilizing CMS guidelines, Clover Health identifies codes that should not be billed as primary, but should be billed as a subsequent diagnosis code.

When a claim is billed with an improper primary diagnosis code, Clover will deny the claim. The provider should submit a corrected claim with a primary diagnosis code that is in accordance with coding and CMS guidelines.

Claim Codes (if applicable)

References

[Centers for Medicare and Medicaid Services: Acute Inpatient PPS, MS-DRG Classification and Software. Definition of Medicare Code Edits](#)

[Medicare Code Editor](#)