

6.2.5.2 Special Default Diagnosis Code for Liability – NOINJ Code

This section provides information related to a default code that may be used under **extremely limited and specific circumstances** when reporting liability insurance (including self-insurance).

As documented in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1 - What Claims Are Reportable/When Are Such Claims Reportable) and elsewhere in this guide:

*“Information is to be reported for claims related to liability insurance (including self-insurance), no-fault insurance, and workers’ compensation where the injured party is (or was) a Medicare beneficiary and medicals are claimed and/or released or the settlement, judgment, award, or other payment **has the effect of releasing medicals.**”*

There are certain, very limited, liability situations where a settlement, judgment, award, or other payment releases medicals or has the effect of releasing medicals, but the type of alleged incident typically has no associated medical care and the Medicare beneficiary/injured party has not alleged a situation involving medical care or a physical or mental injury. This is frequently the situation with a claim for loss of consortium, an errors or omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action.

Current instructions require the RRE to report claim information in these circumstances. However, in these very limited circumstances, when the claim report does **not** reflect ongoing responsibility for medicals (ORM) and the insurance type is liability, a value of “**NOINJ**” may be submitted in Field 18 (ICD Diagnosis Code 1).

Note: In cases where the reporting of a liability record only meets the criteria for reporting a ‘NOINJ’ diagnosis code in Field 18, the reporting of the record is no longer required. However, it is optional for the RRE to report the record with the ‘NOINJ’ diagnosis code following the previously existing rules in the User Guide as follows:

When submitting the ‘NOINJ’ value in Field 18, all of the rest of the diagnosis fields must be left blank and Field 15 (Alleged Cause of Injury, Incident, or Illness) must be submitted with the value “NOINJ” or all spaces. All other required fields must be submitted on the claim report.

Important Considerations:

- The default code of ‘NOINJ’ may not be submitted on claim reports reflecting ORM. If a Claim Input File Detail Record is submitted with Y in the ORM Indicator (Field 78) and either the Alleged Cause of Injury, Incident, Illness (Field 15) or any ICD Diagnosis Codes 1-19 (starting at Field 18) contain ‘NOINJ’, the record will be rejected.
- The default code of ‘NOINJ’ may only be used when reporting liability insurance (including self-insurance) claim reports with L in the Plan Insurance Type (Field 51). If the Plan Insurance Type submitted is not L, the record will be rejected.
- ‘NOINJ’ will only be accepted in Fields 15 and 18 on the Claim Input File Detail Record. If ‘NOINJ’ is submitted in any of the ICD Diagnosis Codes 2-19 starting in Field 19, the record will be rejected.
- If ‘NOINJ’ is submitted in Field 15 then ‘NOINJ’ must be submitted in Field 18; otherwise, the record will be rejected.
- If ‘NOINJ’ is submitted in Field 18, then ‘NOINJ’ (or all spaces) must be submitted in Field 15; otherwise, the record will be rejected.
- If ‘NOINJ’ is submitted in Field 18, then all remaining ICD Diagnosis Codes 2-19 (Fields 19-36) must be filled with spaces. If Fields 19-36 contain values other than spaces, the record will be rejected.
- If an ‘NOINJ’ code is incorrectly or inappropriately used, the record will be rejected with the CI25 error code.
- CMS will closely monitor the use of the ‘NOINJ’ default code by RREs to ensure it is used appropriately. RREs using this code erroneously are at risk of non-compliance with Section 111 reporting requirements.