



## Network Notification

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**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

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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\*](#).