

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 875	Date: April 22, 2011
	Change Request 7322

SUBJECT: ViPS Medicare System (VMS) ICD-10 Remove any Obsolete Quarterly Medical Review (QMR) Processes and Reports that Include ICD-9 codes.

I. SUMMARY OF CHANGES: In order for the VMS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the obsolete Quarterly Medical Review (QMR) needs to be updated to remove any processing and reports from VMS that contain ICD-9 diagnosis codes in the process.

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
	N/A

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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SUBJECT: ViPS Medicare System (VMS) ICD-10 Remove Any Obsolete Quarterly Medical Review (QMR) Processes and Reports that Include ICD-9 Codes.

Effective Date: October 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. Background: The ICD-10 Final Rule, published in the Federal Register on January 16, 2009, adopts modifications to the Transactions and Code Sets Final Rule published in the Federal Register on August 17, 2000, for coding diagnoses and inpatient hospital procedures. Specifically, with a compliance date of October 1, 2013. The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, as maintained and distributed by the U.S. Department of Health and Human Services (HHS). In this CR, this code set will be referred to as ICD-10-CM. For dates of service on and after October 1, 2013, entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are required to use the ICD-10 code sets in standard transactions adopted under HIPAA. The HIPAA standard health care claim transactions are among those for which ICD-10 codes must be used for dates of service on and after the compliance date. The VMS is directed to remove any processing and reports from VMS that contain ICD-9 diagnosis codes in the obsolete Quarterly Medical Review (QMR) process.

B. Policy: CMS requires that the VMS shall be able to accept ICD-10 diagnosis codes by October 1, 2013.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M E M A C	F I	C A R I E R	R H H I	Shared-System Maintainers				Other
		F S S	M C S	V M S	C W F						
7322.1	VMS shall remove any obsolete Quarterly Medical Review (QMR) processes and reports that include ICD-9 codes.		X							X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M E M A C	F I M A C	C A R I E R	R H I I S S	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

In order for the VMS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the obsolete Quarterly Medical Review (QMR) needs to be updated to remove any processing and reports from VMS that contain ICD-9 diagnosis codes in the process.

Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: All other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact(s): Katie Wickrowski (410) 786-5084, Katie.Wickrowski@cms.hhs.gov
 Tammy Amendola (410) 786-1149, Tammy.Amendola@cms.hhs.gov

Post-Implementation Contact(s): *Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.*

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.