

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 121	Date: June 1, 2018
	Change Request 10803

SUBJECT: Update the International Classification of Diseases, Tenth Revision (ICD-10) 2019 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims

I. SUMMARY OF CHANGES: The requirements described in this change request (CR) reflect the instructions that are necessary for CWF to upload and implement the ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the time line to implement the updated ICD-10 diagnosis codes by the mandated time frame, CWF shall implement the ICD-10 updates effective with the October 2018 release. This change request applies to Chapter 6, Section 40.10.3.

EFFECTIVE DATE: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

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
R	Table of Content
N	6/40/40.10.3/Implementation of the International Classification of Diseases, Tenth Revision (ICD-10) Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims

III. FUNDING:

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:

Business Requirements Manual Instruction

Attachment - Business Requirements

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EFFECTIVE DATE: October 1, 2018

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IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services adopts standard medical data code sets for use in standard transactions. According to the ICD-10 final rule, published in the *Federal Register* on January 16, 2009, the Secretary adopted the ICD-10-CM and ICD-10-PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date.

B. Policy: The requirements described in this CR reflect the instructions that are necessary for CWF to upload and implement the 2019 ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the time line to implement the updated ICD-10 diagnosis codes by the mandated time frame, CWF shall implement the ICD-10 updates effective with the October 2018 release. This Recurring Update Notification applies to Chapter 6, Section 40.10.3.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	to use the 2019 formatted ICD10 QSAM file as input to merging the new ICD-10 file (DIAG/PROC codes and descriptions) with the previous year cross reference CABICD10 VSAM file to create the 2019 CABICD10 VSAM file.									
10803.2	CWF shall update all other processes in CWF to utilize the updated 2019 CABICD10 file.								X	
10803.2.1	CWF shall use the 2019 CABICD10 VSAM file to update the ICD9/ICD10 diagnosis code cross-reference assembler table TABICDDG for COBOL search and lookups.								X	
10803.3	CWF shall identify any changes in the 2019 ICD-10 table which need to be applied to CABBDGFM Diagnosis Code Family matching logic.								X	
10803.4	THE HIMR 'DIAG' and 'PROC' screens shall use the 2019 CABICD10 VSAM file to display all 2019 and earlier ICD9/ICD10 diagnosis and procedure codes with descriptions.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, 410-786-1418 or richard.mazur2@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

Medicare Secondary Payer (MSP) Manual

Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

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(Rev.121, Issued: 06-01-18)

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(Rev. 121, Issued: 06-01-18, Effective: 10-01-18, Implementation: 10-01-18)

In accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services adopts standard medical data code sets for use in standard transactions. According to the ICD-10 final rule, published in the Federal Register on January 16, 2009, the Secretary adopted the ICD-10-CM and ICD-10-PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically. Entities covered under HIPAA, which includes Medicare and its providers submitting claims electronically, are bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date.

CWF shall implement ICD 10 updates for its tables effective with future October releases and the annual file updates that are announced annually via Recurring Update Notifications.