



ICD-10.

COMPLIANCE DATE OCTOBER 1, 2015

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ICD-10 Transition: Clarifications about NCDs and LCDs

All Medicare national and local coverage policies are translated for ICD-10, and to receive payment, providers must bill using ICD-10 codes for services rendered on or after October 1, 2015. Check the National Coverage Determination (NCD) and Local Coverage Determination (LCD) policies in the [Medicare Coverage Database](#) to find out which ICD-10 codes support medical necessity.

National Coverage Determinations

CMS received stakeholder feedback on certain NCDs and provided additional clarification. See [MLN Matters® Article MM9252](#). Interim solutions are currently in place to permit appropriate claims payment. In most cases, claims were automatically reprocessed, and no action is required. A permanent systems update will be in place by January 4, 2016. Information about specific claim types and the reprocessing of claims is available on your [Medicare Administrative Contractor](#) (MAC) website.

Local Coverage Determinations

After implementation, some MACs identified LCDs that needed further refinements for ICD-10 diagnosis codes. Claims affected by these edits were temporarily suspended and automatically reprocessed. No action is required. Questions about specific LCDs should be directed to the appropriate [MAC](#).

See the [announcement](#) for more information.

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