



Related MLN Matters Article #: MM3664

Date Posted: January 25, 2005

Related CR #: 3664

Revisions and Corrections to the Medicare Claims Processing Manual, Chapter 6, Section 30 and Various Sections in Chapter 15

Key Words

CR3664, MM3664, R437CP, Medicare Claims Processing Manual, ICD-9-CM, Diagnosis Code

Provider Types Affected

Skilled Nursing Facilities (SNFs) billing Medicare Fiscal Intermediaries (FIs)

Key Points

- The effective date of the instruction is January 1, 2005.
- The implementation date is February 22, 2005.
- MM3664 includes information provided in Change Request (CR) 3664, which revises the *Medicare Claims Processing Manual* to include International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) coding guidance for skilled nursing facilities (SNFs).
- CR3664 revises the *Medicare Claims Processing Manual* (Pub. 100-04, Chapter 6 (SNF Inpatient Part A Billing), Section 30 (Billing SNF Prospective Payment System (PPS) Services)), to include the following ICD-9-CM coding guidance for SNFs:
 - **Principal Diagnosis Code** - SNFs should enter the ICD-9-CM code for the principal diagnosis in FL 67. The code must be reported according to Official ICD-9-CM Guidelines for Coding and Reporting, as required by the Health Insurance Portability and Accountability Act (HIPAA) and any applicable guidelines regarding the use of V codes. The code must be the full ICD-9-CM diagnosis code, including all five digits where applicable.
 - **Other Diagnosis Codes Required** – SNFs should enter the full ICD-9-CM codes for up to eight additional conditions in FLs 68-75. The Centers for Medicare & Medicaid Services (CMS) does not have any additional requirements regarding the reporting or sequence of the codes beyond those contained in the ICD-9-CM guidelines.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3664.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R437CP.pdf>