



Related MLN Matters Article #: MM5643

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Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

Key Words

MM5643, CR5643, R1269CP, ICD, ICD-9-CM, Disease

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, Part A/B Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment Medicare Administrative Contractors (DME MACs), and Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs)

Key Points

- The effective date of the instruction is October 1, 2007.
- The implementation date is October 1, 2007.
- Change Request (CR) 5643 reminds the Medicare contractors and providers that the annual ICD-9-CM update will be effective for dates of service on and after October 1, 2007 (for institutional providers, effective for discharges on or after October 1, 2007).
- ICD-9-CM codes, became mandatory as follows:
 - In 1979, for use in reporting provider services on Form CMS-1450;
 - On April 1, 1989, for use by all physician services submitted on Form CMS-1500; and
 - On October 1, 2003, for all paper and electronic claims billed to Medicare carriers with the exception of ambulance claims (specialty type 59).
- The ICD-9-CM codes are updated annually as stated in the Medicare *Claims Processing Manual*, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 10.2 (Relationship of ICD-9-CM Codes and Date of Service).

- Providers should remember that an ICD-9-CM code is required for all professional claims (including those from physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, and ambulatory surgical centers) and for all institutional claims.
- ICD-9-CM codes are not required for ambulance supplier claims.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5643.pdf> on the CMS website.

The official instruction (CR5643) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1269CP.pdf> on the CMS website.

In June of each year, providers can find the new, revised, and discontinued ICD-9-CM diagnosis codes at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage on the CMS website, or at <http://www.cdc.gov/nchs/icd9.htm> on the National Center for Health Statistics website.

The annual ICD-9-CM code changes are also included in a CD-ROM, which providers can purchase for \$25.00 from the Government Printing Office, stock number 017-022-01573-1.

To learn more about ICD-9-CM codes, providers may want to read the *Medicare Claims Processing Manual*, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 10.2 (Relationship of ICD-9-CM Codes and Date of Service) at

<http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf>, or look at the information provided at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage on the CMS website.

If providers have questions regarding this issue, they may contact their carrier, FI, RHHI, A/B MAC, or DME MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.