



# MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3888

MLN Matters Number: MM3888

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Related CR Transmittal #: 591

Effective Date: October 1, 2005

Implementation Date: October 3, 2005

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

**Note:** This article was updated on February 11, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians, suppliers, hospitals and other providers billing Medicare contractors (carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries (FIs))

### Provider Action Needed



#### **STOP – Impact to You**

Medicare will soon issue the annual update of the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* to Medicare contractors. This update will apply for claims with service dates on or after October 1, 2005 and discharges and through dates on or after October 1, 2005 for institutional providers.



#### **CAUTION – What You Need to Know**

An ICD-9-CM code is required for all professional claims, e.g., physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, ambulatory surgical centers (ASCs), and for all institutional claims, but **not** for ambulance supplier claims. Remember that as of October 1, 2004, Medicare no longer provides a 90-day grace period for physicians, practitioners and suppliers to use in billing discontinued ICD-9-CM diagnosis codes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



## GO – What You Need to Do

Be ready to use the updated codes on October 1, 2005. Please refer to the *Background* and *Additional Information* sections of this article for further details regarding this instruction.

## Background

This instruction is a reminder that Medicare carriers, DMERCS, and Fiscal Intermediaries will use the annual *International classification of diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* coding update effective for:

- Dates of service on or after October 1, 2005; and
- Discharges and through dates on or after October 1, 2005 for institutional providers.

The use of ICD-9-CM codes at The Centers for Medicare & Medicaid Services (CMS) has evolved as follows:

- Beginning in 1979, ICD-9-CM codes became mandatory for reporting provider services on Form CMS-1450.
- On April 1, 1989, the use of ICD-9-CM diagnosis codes became mandatory for all physician services submitted on Form CMS-1500.
- Effective October 1, 2003, an ICD-9-CM diagnosis code was required on all paper and electronic claims billed to Medicare carriers with the exception of ambulance claims (specialty type 59) (see Change Request (CR) 2725, dated June 6, 2003, at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/B03045.pdf> on the CMS website).

**Important Note:** Effective for dates of service on and after October 1, 2004, CMS no longer provided a 90-day grace period for physicians, practitioners and suppliers to use in billing discontinued ICD-9-CM diagnosis codes on Medicare claims. The Health Insurance Portability and Accountability Act (HIPAA) requires that medical code sets be date-of-service compliant, and ICD-9-CM diagnosis codes are a medical code set (see CR 3094, dated February 6, 2004 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R95CP.pdf> on the CMS website).

## Additional Information

### *Publication of ICD-9-CM Codes*

- Updated ICD-9-CM codes are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment System, and are effective each October first. Physicians, practitioners, and suppliers must use the current and valid diagnosis code that is in effect beginning October 1, 2005.
- After the ICD-9-CM codes are published in the Federal Register, CMS places the new, revised, and discontinued codes on the following website: <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html> on the CMS website.. The update should be available at this site in June.

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- The updated ICD-9-CM diagnosis codes can also be viewed at the National Center for Health Statistics (NCHS) website at <http://www.cdc.gov/nchs/icd9.htm>. This posting should be available at this site in June.
- Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

### Related Instructions

The ICD-9-CM codes are updated annually as stated in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 10.2 (Relationship of ICD-9-CM Codes and Date of Service). That manual may be accessed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf> on the CMS website

The official instruction issued to your carrier can be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R591CP.pdf> on the CMS website.

For additional information relating to this issue, please refer to your local carrier or intermediary at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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