



News Flash – On June 18, 2010, the Office of the National Coordinator for Health Information Technology (ONC) issued a final rule to establish a temporary certification program for electronic health record (EHR) technology. To see the press release related to this rule, visit <http://www.hhs.gov/news/press/2010pres/06/20100618d.html> on the Internet.

MLN Matters® Number: MM7004 **Revised**

Related Change Request (CR) #: 7004

Related CR Release Date: August 13, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R2028CP

Implementation Date: January 3, 2011

5010 Implementation--Processing Additional International Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM) Diagnosis and Procedure Codes in Pricer, Grouper, and the Medicare Code Editor (MCE)

Note: This article was revised on May 10, 2011, to add a reference to MLN Matters® article SE1106 (<http://www.cms.gov/MLNMattersArticles/downloads/SE1106.pdf>) for important reminders about the implementation of HIPAA 5010 and D.O., including Fee-for-service implementation schedule and readiness assessments.

Provider Types Affected

This article is for providers, hospitals and Skilled Nursing Facilities (SNFs) who submit claims to **Part A/B** Medicare Administrative Contractors (A/B MACs) and/or Fiscal Intermediaries (FIs) for services to Medicare beneficiaries.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7004 to alert providers that with the implementation of the 5010 837I in January of 2011 providers can report up to 25 ICD-9-CM Diagnosis and up to 25 ICD-9-CM Procedure Codes. Be sure you are ready for the new standards.

Key Points

Changes are being made to the Inpatient Prospective Payment System (IPPS), Inpatient Psychiatric Facility (IPF) PPS and the Skilled Nursing Facility (SNF) Pricers, and to the Fiscal Intermediary Standard System (FISS) to allow these

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additional codes to be processed. In addition, the FISS interface to the Grouper and Medicare Code Editor (MCE) will be changed. The Grouper and MCE will be able to process more ICD-9-CM codes to determine the Medicare Severity Diagnosis Related Group (MS-DRG)

Background

The Administrative Simplification provisions of Health Insurance Portability and Accountability Act (HIPAA) of 1996 require the Secretary of Health & Human Services to adopt standard electronic transactions and code sets for administrative health care transactions. The purpose of CR 7004 is to make the necessary base FISS changes related to various Pricers, Grouper, and the MCE to accommodate the changes in data content for the next version of HIPAA.

Additional Information

If you have questions, please contact your Medicare A/B MAC and/or FI at their toll-free number which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction associated with this CR7004, issued to your Medicare A/B MAC, and/or FI regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2028CP.pdf> on the CMS website.

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