

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



In September 2012, the Centers for Medicare & Medicaid Services (CMS) announced the availability of a new electronic mailing list for those who refer Medicare beneficiaries for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Referral agents play a critical role in providing information and services to Medicare beneficiaries. To ensure you give Medicare patients the most current DMEPOS Competitive Bidding Program information, CMS strongly encourages you to review the information sent from this new electronic mailing list. In addition, please share the information you receive from the mailing list and the link to the [“mailing list for referral agents”](#) subscriber webpage with others who refer Medicare beneficiaries for DMEPOS. Thank you for signing up!

MLN Matters® Number: MM8109 **Revised**

Related Change Request (CR) #: CR 8109

Related CR Release Date: January 18, 2013

Effective Date: October 1, 2015

Related CR Transmittal #: R1165OTN

Implementation Date: April 1, 2013

International Classification of Diseases 10th Edition (ICD-10) Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to the Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs)

Note: This article was revised on August 1, 2014, to show the new ICD-10 implementation date of October 1, 2015. All other information is unchanged.

Provider Types Affected

This MLN Matters® Article is intended for all Medicare providers covered under the Health Insurance Portability and Accountability Act (HIPAA), including those submitting claims electronically and those submitting paper claims, to Medicare contractors (Fiscal Intermediaries (FIs), carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

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Provider Action Needed



STOP – Impact to You

Beginning October 1, 2015, all providers submitting electronic and paper claims to Medicare contractors must use ICD-10-CM and ICD-10-PSC code sets in appropriate HIPAA standard transactions.



CAUTION – What You Need to Know

This article, based on Change Request (CR) 8109, instructs Medicare contractors and Shared System Maintainers to both create and update National Coverage Determination (NCD) hard-coded shared system edits that contain ICD-9 diagnosis codes with comparable ICD-10 diagnosis codes plus all associated coding infrastructure, such as procedure codes, Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, denial messages, frequency edits, Place of Service (POS), Type of Bill (TOB) and provider specialties, etc. The requirements described reflect the operational changes that are necessary to implement the conversion of the Medicare system diagnosis codes specific to the Medicare National Coverage Database (NCD) spreadsheets attached to CR8109.



GO – What You Need to Do

Make sure that your billing staffs will be able to meet the October 1, 2015, requirement to use ICD-10 code sets in all HIPAA transactions submitted to Medicare. This requirement also applies to paper claims submitted to Medicare.

Background

On October 1, 2015, as required by CMS-40-F, 42 Code of Federal Regulations (CFR) 162, dated September 5, 2012, all Medicare claims submissions will convert from the ICD-9 to the ICD-10. The transition will require business and systems changes throughout the health care industry. All covered entities, as defined by the Health Insurance Portability and Accountability Act (HIPAA), must adhere to the conversion.

In accordance with HIPAA, the Secretary of the Department of Health and Human Services adopted standard medical data code sets for use in standard transactions adopted under this law. According to the ICD-10 Final Rule, published in the “Federal Register” of January 16, 2009, the Secretary adopted the ICD-10-Clinical Modification (CM) and ICD-10-Procedure Coding System (PCS) code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are

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bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date.

Note: CR8109 in no way is intended to expand, restrict, or alter existing Medicare national coverage, nor is it intended to minimize the authority granted to MACs in their discretionary implementation of NCDs or Local Coverage Determinations (LCDs). However, where hard-coded edits were not initially implemented due to time and/or resource constraints, doing so at this time will better serve the intent and integrity of national coverage and the Medicare program overall.

General Information Found in Spreadsheets in the Attachments

Spreadsheets are attached to CR8109 indicating certain affected ICD-9 codes and their corresponding ICD-10 codes as they relate to their respective NCDs, in addition to the rest of the coding infrastructure specific to each NCD.

Each spreadsheet contains the following information:

- National Coverage Determinations (NCD) Number;
- NCD Title;
- Internet-Only Manual (IOM) searchable link related to the NCD; and
- Medicare Coverage Database (MCD) searchable link related to the NCD.

Within each spreadsheet, there are three tabs:

- ICD Diagnosis, which includes; ICD-9 CM, ICD-9 DX Description, ICD-10 CM, ICD-10 DX description, and any changes (remove, keep, add);
- ICD Procedures, which includes; ICD-9, ICD 9 Px Description, ICD-10 PCS, ICD-10 PCS Description and any changes (remove, keep, add); and
- Rule Description:

By Part A: Proposed HCPCS/CPT, Frequency Limitations, Type of Bill, Revenue Code, Modifier, Provider Specialty, Proposed Medicare Summary Notice (MSN) Message, Proposed Claim Adjustment Reason Code (CARC) Message, and Proposed Remittance Advice Remarks Code (RARC) Message, and

By Part B: Proposed HCPCS/CPT, Frequency Limitations, Place of Service, Modifier, Provider Specialty, Proposed MSN Message, Proposed CARC Message, and Proposed RARC Message.

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Spreadsheets attached to CR8109 explain the following NCDs by Number & Title:

- 20.9 Artificial Hearts
- 20.20 External Counterpulsation Therapy Severe Angina
- 20.29 Hyperbaric Oxygen Therapy
- 90.1 Pharmacogenomic Testing Warfarin
- 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring
- 210.1 Prostate Cancer Screening Tests
- 210.3 Colorectal Cancer Screening Tests
- 260.1 Adult Liver Transplantation
- 260.3.1 Islet Cell Transplantation Clinical Trials
- 260.5 Intestinal/Multi-Visceral Transplantation
- 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

Additional Information

The official instruction, CR8109, issued to your FI, carrier, and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1165OTN.pdf> on the CMS website.

You may want to review MM8197 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8197.pdf>) which contains information from the third CR regarding implementing ICD-10 conversion changes from ICD-9 in the Medicare Shared Systems.

If you have any questions, please contact your FI, carrier, or A/B MAC 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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