

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



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- ["Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) Contact Information,"](#) Fact Sheet, ICN 903766, Downloadable only.

MLN Matters® Number: MM8355

Related Change Request (CR) #: CR 8355

Related CR Release Date: June 14, 2013

Effective Date: October 1, 2013

Related CR Transmittal #: R2727CP

Implementation Date: October 7, 2013

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

Provider Types Affected

This MLN Matters® Article is intended for Medicare hospitals submitting claims to Fiscal Intermediaries (FIs) and Part A Medicare Administrative Contractors (A MACs) for inpatient services to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 8355, from which this article is taken, provides your FI or A MAC their annual reminder of the ICD-9-CM update that is effective for dates of service (or for inpatient discharge dates) on and after October 1, 2013.

Background

ICD-9 Information

Effective October 1, 2013, ICD-9-CM codes are required for all paper and electronic claims that you bill to Medicare contractors including ambulance claims (specialty type 59) submitted in the 5010 electronic claim format.

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Additionally, ICD-9-CM codes are required for all professional claims (for example, for 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. They are not required for ambulance supplier claims.

Finally, ICD-9-CM procedure codes are required for inpatient hospital Part A claims only.

Note: The Centers for Medicare & Medicaid Services (CMS) updates the ICD-9-CM codes annually, and posts the new, revised, and discontinued ICD-9-CM diagnosis codes at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/summarytables.html> on the CMS website.

Partial Code Freeze for ICD-9-CM and ICD-10

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10. (Refer to http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/Partial_Code_Freeze.pdf on the CMS website.) As a result of this partial code freeze, CR8355 is adding only changes to ICD-9-CM procedure codes; there are no new diagnosis codes for Fiscal Year 2014. Please be aware, also, that this change does not affect B MACs or Durable Medical Equipment Medicare Administrative Contractors (DME MAC).

ICD Code Changes

1. Your FI or A MAC will accept the following new ICD-9-CM procedure codes for claims with inpatient hospital discharges on or after October 1, 2013.

ICD-9-CM Code	Description
00.96	Infusion of 4-Factor Prothrombin Complex Concentrate Infusion of 4F-PCC
14.81	Implantation of epiretinal visual prosthesis
14.82	Removal of epiretinal visual prosthesis
14.83	Revision or replacement of epiretinal visual prosthesis

2. Your FI or A MAC will be aware of the following new exclusion for ICD-9-CM procedure code 99.06, for inpatient hospitals claims with discharges on or after October 1, 2013.

ICD-9-CM Code	Description
99.06	Transfusion of coagulation factors

3. Your FI or A MAC will note that the appropriate ICD-10 codes are listed below. They will track the ICD-10 code/edits (and add the codes/edits to their system when applicable), and ensure that the updated edit is functional as part of the ICD-10 implementation.

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ICD-10 Code	Description
30280B1	Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Open Approach
30283B1	Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Percutaneous Approach
08H005Z	Insertion of Epiretinal Visual Prosthesis into Right Eye, Open Approach
08H105Z	Insertion of Epiretinal Visual Prosthesis into Left Eye, Open Approach
08P00JZ	Removal of Synthetic Substitute from Right Eye, Open Approach
08P10JZ	Removal of Synthetic Substitute from Left Eye, Open Approach
08W00JZ	Revision of Synthetic Substitute in Right Eye, Open Approach
08W10JZ	Revision of Synthetic Substitute in Left Eye, Open Approach

For more information pertaining to ICD-10, please see <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the CMS website.

As mentioned earlier, the updated diagnosis and procedure codes are effective for dates of service/discharges on and after October 1; and you can view the new updated codes, in June, at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/summarytables.html> on the CMS website. You can also visit the National Center for Health Statistics (NCHS) website at <http://www.cdc.gov/nchs/icd.htm> on the Internet; where the new ICD-9-CM Addendum will be posted, also in June.

Additional Information

The official instruction, CR8355 issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2727CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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