

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



Coding for ICD-10-CM: More of the Basics MLN Connects® Video - In this MLN Connects® video on [Coding for ICD-10-CM: More of the Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) provide a basic introduction to ICD-10-CM coding. The objective of this video is to enhance viewers' understanding of the characteristics and unique features of ICD-10-CM, as well as similarities and differences between ICD-9-CM and ICD-10-CM. Run time: 36 minutes.

MLN Matters® Number: MM9150

Related Change Request (CR) #: CR 9150

Related CR Release Date: May 8, 2015

Effective Date: October 1, 2015

Related CR Transmittal #: R3255CP

Implementation Date: October 5, 2015

Correction to the Multi-Carrier System (MCS) Editing on the Service Location National Provider Identifier (NPI) Reported for Anti-Markup and Reference Laboratory Claims

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for laboratory services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9150 instructs the maintainer of Medicare's Multi-Carrier System (MCS) to correct edit 043H that was incorrectly coded under CR 8806 (Transmittal 3103, issued November 13, 2014). This CR also delays implementation of CR 8806 until October 1, 2015. Make sure that your billing staffs are aware of this correction.

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Background

CR 8806 implemented a new policy that physicians and other suppliers would no longer be permitted to submit their own National Provider Identifier (NPI) in Item 32a of the CMS-1500 claim form for anti-markup and reference laboratory claims when the performing physician or supplier is located in another jurisdiction. CR 8806 instructed MACs to return reference laboratory and anti-markup claims as unprocessable when the billing and service location NPIs match. The MCS created edit 043H to satisfy this requirement.

It has come to the attention of the Centers for Medicare & Medicaid Services (CMS) that edit 043H is erroneously comparing the rendering physician NPI in Item 24J of the CMS-1500 to the service location NPI, rather than comparing the billing NPI to the service location NPI. CR9150 instructs the MCS to correct edit 043H to compare the billing NPI to the service location NPI. CR9150 also delays implementation of CR 8806 until October 1, 2015. Effective for claims with a receipt date on or after October 1, 2015, MACs will return reference laboratory and anti-markup claims as unprocessable when the billing and service location NPIs match.

Additional Information

The official instruction, CR 9150 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3255CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net/work-MLN/MLNMattersArticles/index.html> under “How Does It Work” on the CMS website.

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