



News Flash – The *Second in Series: General Equivalence Mappings – ICD-9-CM to and from ICD-10-CM and ICD-10-PCS Fact Sheet* (May 2009), which provides basic information about the General Equivalence Mappings (GEM) including possible users of the GEMs, why the GEMs are needed, and how the GEMs files are formatted as well as Reimbursement Mappings information, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html> on the CMS website.

MLN Matters® Number: MM6520

Related Change Request (CR) #: 6520

Related CR Release Date: July 10, 2009

Effective Date: October 1, 2009

Related CR Transmittal #: R1770CP

Implementation Date: October 5, 2009

Note: This article was updated on December 28, 2012, to reflect current Web addresses. All other information remains unchanged.

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

Provider Types Affected

Physicians, suppliers, and providers billing Medicare contractors (carriers, Part A/B Medicare Administrative Contractors (MACs), Durable Medical Equipment Medicare Administrative Contractors, and fiscal intermediaries (FIs) including regional home health intermediaries).

Provider Action Needed

This article is based on Change Request (CR) 6520 and reminds the Medicare contractors and providers that the annual ICD-9-CM update will be effective for dates of service on and after October 1, 2009 (for institutional providers, effective for discharges on or after October 1, 2009). You can see the new, revised, and discontinued ICD-9-CM diagnosis codes on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html>, or

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at the National Center for Health Statistics (NCHS) website at <http://www.cdc.gov/nchs/icd9.htm> in June of each year.

Background

The ICD-9-CM codes are updated annually as stated in the *Medicare Claims Processing Manual*, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 10.2 (Relationship of ICD-9-CM Codes and Date of Service).

CMS issued CR 6520 as a reminder that the annual ICD-9-CM coding update will be effective for dates of service on or after October 1, 2009 (for institutional providers, effective for discharges on or after October 1, 2009).

Remember that an ICD-9-CM code is required for all professional claims (including those from physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologists, ambulatory surgical centers), and for all institutional claims; but is not required for ambulance supplier claims.

Additional Information

If you have questions, please contact your Medicare MAC and/or FI/carrier 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 Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR6520) issued to your Medicare MAC and/or FI/carrier is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1770CP.pdf> on the CMS website.

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