

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



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MLN Matters® Number: MM7863

Related Change Request (CR) #: 7863

Related CR Release Date: June 8, 2012

Effective Date: October 1, 2012

Related CR Transmittal #: R2485CP

Implementation Date: October 1, 2012

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

### **Provider Types Affected**

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

### **Provider Action Needed**

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This article, based on Change Request (CR) 7863, informs you that the Centers for Medicare & Medicaid Services (CMS) is providing its annual reminder of the ICD-9-CM update that is effective for the dates of service on and after October 1, 2012 (effective for discharges on or after October 1, 2012, for institutional providers).

You should note that 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.

#### **Disclaimer**

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- As a result of this partial code freeze, only one new ICD-9-CM Procedure code is being added with this change request, i.e., 00.95 (Injection or infusion of glucarpidase).
  - There are no new diagnosis codes for Fiscal Year (FY) 2013.
- Please be sure to inform your staffs of these updates.

## Background

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### *ICD-9 Information*

The ICD-9-CM codes are updated annually. Effective since October 1, 2003, an ICD-9-CM code is required on all paper and electronic claims billed to Medicare contractors; including ambulance supplier claims submitted in the version 5010 electronic claim format. ICD-9-CM codes are not required on paper ambulance claims or on electronic ambulance claims submitted in earlier electronic claim formats.

An ICD-9-CM diagnosis code is required for all professional claims, e.g., physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, Ambulatory Surgical Centers (ASCs), ambulance (effective with 5010 implementation, for electronic claims only), and for all institutional claims. ICD-9-CM procedure codes are required for inpatient hospital Part A claims only.

CMS annually posts the new, revised, and discontinued ICD-9-CM diagnosis codes available at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html> on the CMS website. The updated diagnosis and procedure codes are effective for dates of service/discharges on and after October 1. You can view the new updated codes at this site in June. You can also visit the National Center for Health Statistics (NCHS) website at <http://www.cdc.gov/nchs/icd.htm> on the Internet. The NCHS will post the new ICD-9-CM Addendum on their website in June. You are encouraged to purchase a new ICD-9-CM book or CD-ROM annually.

Medicare Fee-for-Service contractors will apply the annual ICD-9-CM coding update effective for dates of service on or after October 1, 2012 (effective for discharges on or after October 1, 2012, for institutional providers).

### *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. More information on the freeze is available at [http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/Partial\\_Code\\_Freeze.pdf](http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/Partial_Code_Freeze.pdf) on the CMS website. For information pertaining to ICD-10, please refer to <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the CMS website.

## Additional Information

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The official instruction, CR7863, issued to your FI and A/B MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2485CP.pdf> on the CMS website. If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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