CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1152	**Date: November 16, 2012**
	Change Request 8034

SUBJECT: New Screens and Processes for ICD-9/ICD-10, ICD-10/ICD-9 Diagnosis and Procedure Codes Conversions for Medicare Secondary (MSP) Claims Using the General Equivalence Mappings (GEMS) 2013 Table in CWF

I. SUMMARY OF CHANGES: The purpose of this instruction is to develop new conversion screens for ICD-9/ICD-10, ICD-10/ICD-9 diagnosis codes and procedure codes using GEMS 2013 tables in HIMR Inquiry system.

In accordance with HIPAA, the Secretary of the Department of Health and Human Services adopts 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 adopts the ICD-10-CM and ICD-10- PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically, for dates of service/discharge on and after October 1, 2014, unless otherwise modified. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are 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.

EFFECTIVE DATE: April 1, 2013; July 1, 2013
IMPLEMENTATION DATE: April 1, 2013 (CWF: Update to HIMR screens for ICD 10 diagnosis and procedure code provisions for Business Requirements 8034.1, 8034.1.1, 8034.1.2, 8034.1.3, 8034.1.4, 8034.1.5, 8034.1.6, 8034.1.8, 8034.1.8.1, 8034.1.9, 8034.9, 8034.9.1, 8034.10, 8034.11 and 8034.12);

July 1, 2013 (CWF: Update for Exact Diagnosis Matching and Family of Diagnosis Codes; VSAM File and new SP and MSP edits. BRs 8034.1.7, 8034.2, 8034.3, 8034.3.1, 8034.3.2, 8034.4, 8034.4.1, 8034.5, 8034.6, 8034.6.1, 8034.6.3, 8034.7, 8034.8, 8034.13, 8034.14)

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1152	Date: November 16, 2012	Change Request: 8034

SUBJECT: New Screens and Processes for ICD-9/ICD-10, ICD-10/ICD-9 Diagnosis and Procedure Codes Conversions for Medicare Secondary (MSP) Claims Using the General Equivalence Mappings (GEMS) 2013 Table in CWF

EFFECTIVE DATE: April 1, 2013; July 1, 2013
IMPLEMENTATION DATE: April 1, 2013 (CWF: Update to HIMR screens for ICD 10 diagnosis and procedure code provisions for Business Requirements 8034.1, 8034.1.1, 8034.1.2, 8034.1.3, 8034.1.4, 8034.1.5, 8034.1.6, 8034.1.8, 8034.1.8.1, 8034.1.9, 8034.9, 8034.9.1, 8034.10, 8034.11 and 8034.12);

July 1, 2013 (CWF: Update for Exact Diagnosis Matching and Family of Diagnosis Codes; VSAM File and new SP and MSP edits. BRs 8034.1.7, 8034.2, 8034.3, 8034.3.1, 8034.3.2, 8034.4, 8034.4.1, 8034.5, 8034.6, 8034.6.1, 8034.6.3, 8034.7, 8034.8, 8034.13, 8034.14)

I. GENERAL INFORMATION

A. Background: Unless changed by the Department of Health and Human Services, all Medicare claims submissions will convert from the International Classification of Diseases, 9th Edition (ICD-9) to the 10th Edition (ICD-10) for dates of service/discharge on and after October 1, 2014. This new standard 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. The requirements described in this CR reflect the operational changes that are necessary to implement the new conversion screens of diagnosis codes and procedure codes for Common Working File (CWF) in the Health Insurance Master Record (HIMR) Inquiry system for Medicare Secondary Payer (MSP) claims transactions. In order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes by the mandated timeframe, CWF shall begin implementation of the necessary changes to meet the requirements through the April 2014 systems release. The requirements also describe what the shared systems and contractors need to do when the ICD9/ICD 10 code is received on a claim and is related or not related to the ICD code on CWF.

B. Policy: The purpose of this instruction is to develop new conversion screens for ICD-9/ICD-10, ICD-10/ICD-9 diagnosis codes and procedure codes using GEMS 2013 tables in HIMR Inquiry system.

In accordance with HIPAA, the Secretary of the Department of Health and Human Services adopts 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-CM and ICD-10- PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically, for dates of service/discharge on and after October 1, 2014, unless otherwise modified. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are 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.

For purposes of this change request, the CWF maintainer and other shared systems shall assume that CMS expects that the ICD-10 family of related diagnosis codes concept will apply to all internal ICD-10 to ICD-9 and ICD-9 to ICD-10 internal mapping activities.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8034.1	CWF shall develop a utility to merge the 2013 GEMS diagnosis code files (ICD-9 to ICD-10 and ICD-10 to ICD-9) to create ICD diagnosis codes and a corresponding descriptions Cross reference VSAM file.										X	
8034.1.1	CWF shall create updates to the VSAM table from GEMS in the same manner in which HCPCS tables are updated currently.										X	
8034.1.2	CWF shall use the most current GEMS table published on the CMS website for ICD 10 updates.										X	
8034.1.3	CWF shall carry all previous years GEMS ICD 10 diagnosis codes files including the most current ICD-10 diagnosis codes with year and corresponding descriptions cross reference VSAM file. (**NOTE**: This includes keeping ICD 10 diagnosis codes that were previously deleted or updated.)										X	
8034.1.4	CWF shall use all previous and current GEMS conversion tables to create the cross reference file.										X	
8034.1.5	CWF shall create a seperate CWF CR for the HIMR ICD DIAG and PROC screens changes using the merged GEMS conversion files.										X	
8034.1.6	CWF hosts shall send an extract of the Cross Reference VSAM fixed length physical sequential file to the Medicare Secondary Payer Systems Contractor (MSPSC) and the shared systems for use in the Medicare contractors internal systems.							X	X	X	X	MSPSC/EDC/CWF HOST
8034.1.7	CWF hosts shall send updated versions of the Cross Reference VSAM file to the MSPSC and the shared systems when updates are performed.							X	X	X	X	MSPSC/EDC/CWF HOST
8034.1.8	Prior to implementation, CWF shall provide CMS a demonstration of the VSAM (CWF screens) for										X	

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	review and comment.											
8034.1.8.1	Medicare contractors and shared systems shall attend the webinar for purposes of becoming familiar with the VSAM file and respective screens.	X	X	X	X	X	X	X	X	X		COBC/MSPIC/MSPSC
8034.1.9	Prior to implementation, but after the CMS presentation, CWF shall provide Medicare contractors and the shared system maintainers a webinar session of the VSAM file for training purposes. This shall allow for contractor and system feedback and recommended modifications. Additional CWF webinar(s) may be required.										X	
8034.2	The CWF maintainer shall design its MSP ICD-10 claims coding solution to adhere to the ICD-10 family of related diagnosis codes. This concept shall apply to all internal ICD-10 to ICD-9 and ICD-9 to ICD-10 internal mapping activities.										X	
8034.3	CWF shall compare the reported ICD diagnosis code on incoming NGHP no-fault, liability, and workers' compensation claims with the diagnosis code(s) contained in the MSP auxiliary file (MSPA).										X	
8034.3.1	If CWF determines that the claim's diagnosis code is ICD-10 but finds that the stored diagnosis code on the MSPA is ICD-9, it shall read the ICD-10 to ICD-9 GEMS-created table, specific to the year of the claim, to determine relatedness of the diagnosis codes.										X	
8034.3.2	If CWF determines that the claim's diagnosis code is ICD-9 but finds that the stored diagnosis code on the MSPA is ICD-10, it shall read the ICD-9 to ICD-10 GEMS-created table, specific to the year of the claim, to determine relatedness of the diagnosis code.										X	
8034.4	CWF shall not allow the Medicare contractors, nor shared systems, to update the current CWF MSP Auxiliary file diagnosis code screen with an ICD 9 or ICD-10 diagnosis code.									X	X	
8034.4.1	CWF shall create SP # edit that is sent to the Medicare contractors or shared systems when an attempt is										X	

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	made to update the MSP auxiliary records as related to 8034.4.											
8034.5	CWF shall send the shared systems the 6819 MSP edit code when CWF determines ICD 9 or ICD 10 diagnosis codes on the incoming claim are considered a match, under the family of diagnosis codes, to the ICD 10 or ICD 9 diagnosis codes present on the MSP auxiliary file in CWF for no-fault, liability and workers' compensation. (**NOTE**: The shared systems are already able to accept the 6819 edit.)									X	X	
8034.6	CWF shall develop a new 68xx MSP edit to return to Medicare contractors and shared systems when it is unable to find a match, under the family of diagnosis codes, between any of the ICD-9 or ICD-10 diagnosis codes on an incoming NGHP claim (no fault, workers' compensation or liability related services) and the diagnosis code on the MSP auxiliary file through the VSAM file. (**NOTE**: VSAM is used when there is an existing MSP Auxiliary record.)									X	X	
8034.6.1	CWF shall ensure that the new 68xx MSP edit may be overridden with an N for both the claim header (Part A) and the service line detail level for Part B and DME.										X	
8034.6.2	The shared systems shall accept the new 68xx MSP edit, which shall cause affected claims to move to a suspense status or location for Medicare contractor action.									X		
8034.6.3	The new 68XX edit shall identify the detail line for the reject Trailer 39.										X	
8034.6.4	Upon receipt of CWF error code 68XX, Medicare contractors shall work internally using the CTT, Internet or other soft/hard copy ICD 10 resources to determine whether diagnosis codes on the claim may be considered related to the diagnosis code(s) present within the CWF MSPA file when another diagnosis code cannot be found.	X	X	X	X	X	X					

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8034.6.4.1	Medicare contractors shall send an ECRS request to the COBC and ask COBC to add the DX code, which the Medicare contractors found on the incoming claim, to CWF when the ICD 10 DX code is not found on the VSAM table and is related to the DX codes found on the CWF MSP Auxiliary file.	X	X	X	X	X	X					COBC
8034.6.4.2	Medicare contractors shall pay primary for those services related to the ICD 10 diagnosis code found on the claim that cannot be found on the VSAM and cannot be found based on internal efforts cited in BR 8034.6.4 and there is no other MSP information on the claim nor in CWF.	X	X	X	X	X	X					
8034.6.5	Medicare contractors shall pay or deny the affected claim based on the promptly rules found in the IOM and in CR 7355 to determine that the diagnosis codes on the claim match CWF's MSPA file,	X	X	X	X	X	X					
8034.6.6	Medicare contractors shall override the new 68xx edit and pay the claim as primary if Medicare contractors determine that the diagnosis codes on the claim do not match CWF's MSPA file and no other MSP GHP, or other MSP information, is found on CWF nor on the claim.	X	X	X	X	X	X					
8034.7	For situations where claims reflect dates that span two years, CWF shall use the GEMS-created table specific to the date of discharge for inpatient claims submitted for processing via HUIP to determine relatedness of diagnosis on the claim to the diagnosis code on the MSPA.										X	
8034.8	For situations where claims reflect dates that span two years and the incoming claim is other than inpatient, CWF shall read the applicable GEMS/VSAM tables (i.e., specific to date of service - from date) to determine relatedness of diagnosis on the claim to diagnosis code on MPSA.										X	
8034.9	CWF shall develop a new 'DIAG' transaction in 'Other Information Inquiries' area of HIMR, which can be accessed via HIMR AUXT file Screen. (See Attachment A for a screen example).										X	

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8034.9.1	The indicated shared systems and Medicare contractors shall be able to interface with the new 'DIAG" transaction within HIMR.	X	X	X	X	X	X	X	X	X		
8034.10	Medicare contractors shall access the new DIAG screen, as needed, to determine the ICD-9 to ICD-10 and ICD-10 to ICD-9 mapping that CWF used within its GEMS-created tables.	X	X	X	X	X	X					
8034.11	CWF shall develop a utility to merge the 2013 GEMS procedure code files (ICD-9 to ICD-10 and ICD-10 to ICD-9) to create an ICD procedure codes and corresponding descriptions Cross reference VSAM file.										X	
8034.12	CWF shall develop a new 'PROC' transaction in 'Other Information Inquiries' area, which can be accessed via HIMR AUXT file Screen (See the attachment A for screen example).										X	
8034.13	The Part A Medicare Contractors shall not attempt to associate ICD-9 to 10 PCS conversions with ICD-9 to ICD-10 diagnosis code conversions unless it is needed in situations when Contractors process hard copy Black Lung claims.	X			X		X					
8034.14	When CWF receives a HUSP transaction to update an existing NGHP record from the COBC, or other appropriate source, it shall take the following actions when the incoming HUSP matches the pre-existing NGHP record: Add the ICD 10 diagnosis code to the MSPA auxiliary record even if the compatible ICD 9 diagnosis code exists on CWF.										X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	DME	FI	CAR	RHH	Other

		Part A	Part B	MAC		RIER	I	
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, 410-786-1418 or Richard.Mazur2@cms.hhs.gov , Brian Pabst, 410-786-2487 or Brian.Pabst@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

Attachment A:

Develop/update screen layouts to display ICD-10 codes to ICD-9 codes and vice versus for the 'DIAG' and 'PROC' Auxiliary files via CWF HIMR Inquiry System.

Add 'DIAG' and 'PROC' transaction to the HIMR AUXT Screen via HIMR for accessing the new **'ICD9 /ICD10 INQUIRY'** screens.

```
AUXT                  TRAINING AUX FILE/OTHER INFORMATION     DATE: 12/20/2011

 INQUIRY TYPE:  ____     HIC: ____________        HOST ID:  __      SEX: _

                        TRAINING AUXILIARY FILE INQUIRIES
  CKDE  KIDNEY DISEASE ED     MNTT  MEDICAL NUTRITION    SMOK  SMOKING CESSATION
  DSMT  DIABETES TRAINING     NFSA  NF SVC ASSESSMENT



                           OTHER INFORMATION INQUIRIES
  CLIA  CLINICAL LAB          DIAG  ICD/ICD10 INQUIRY    HCPI  HCPCS INQUIRY
  COBS  COIFFILE SUMMARY      DUPN  DECEASED UPIN        HMOI  HMO ADDRESS
  CONT  CONTRACTOR INFO                                  PROC  ICD/ICD10 INQUIRY




 HOST IDS: GL, GW, KS, MA, NE, PA, SE, SO, SW

 F2=BENE MENU  F3=RETURN  F9=CLAIM MENU  F10=AUX MENU  F12=EXIT
```

New DIAG **'ICD9 /ICD10 INQUIRY'** screen:

```
DIAG              ICD9 / ICD10 DIAGNOSIS CODE INQUIRY     PAGE ____ OF ZZZ9
TYPE: _ 9 = ICD9, 0 = ICD10
CODE: _______  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ASSOCIATED XXXXX CODES:

 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  F2=MENU F3=RETURN F4=BENA F5=BENB F6=BENS F7=BWD F8=FWD F12=EXIT
```

New PROC **‘ICD9 /ICD10 INQUIRY’** screen:

```
PROC                 ICD9 / ICD10 PROCEDURE CODE INQUIRY     PAGE ____ OF ZZZ9
TYPE: _ 9 = ICD9, 0 = ICD10
CODE: ________  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ASSOCIATED XXXXX CODES:

 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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 ZZZ9. XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   F2=MENU F3=RETURN F4=BENA F5=BENB F6=BENS F7=BWD F8=FWD F12=EXIT
```