

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1293	Date: September 6, 2013
	Change Request 8348

SUBJECT: Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)

I. SUMMARY OF CHANGES: This purpose of this change request is to ensure that ICD-10 LCDs and Articles display on the Medicare Coverage Database (MCD) in a timely manner to allow providers sufficient time to make provider specific billing system changes.

EFFECTIVE DATE: October 7, 2013

IMPLEMENTATION DATE: April 10, 2014

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; contractor's activities are to be carried out within 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: 1293	Date: September 6, 2013	Change Request: 8348
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SUBJECT: Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)

EFFECTIVE DATE: October 7, 2013
IMPLEMENTATION DATE: April 10, 2014

I. GENERAL INFORMATION

A. Background: This change request is to ensure that ICD-10 LCDs and Articles display on the Medicare Coverage Database (MCD) in a timely manner to allow providers sufficient time to make provider specific billing system changes.

B. Policy: All ICD-10 LCDs and associated ICD-10 Articles shall be published on the MCD no later than April 10, 2014. Therefore, contractors shall have all changes in the Local Coverage Backend (LCBE) database by April 6, 2014. All other LCDs and Articles (e.g., does not contain ICD-10 information, or Articles not attached to an LCD) shall be published on the MCD no later than September 4, 2014. Therefore, contractors shall have all changes in the LCBE by August 31, 2014. All LCDs and Articles will receive a new LCD/Article ID number (e.g., LCD ID 1234 will become LCD ID 4567). The new LCD/Article ID number could have an impact on Medicare Administrative Contractors (MACs) local systems; such as changing their Medicare Summary Notice (MSN) to capture the new LCD/Article ID number. The Centers for Medicare & Medicaid (CMS) has determined that although new LCD numbers will be assigned to the ICD-10 LCD policies, the policies shall not be considered new policies. CMS considers this type of update to be a coding revision that does not change the intent of coverage/non-coverage within an LCD. Therefore, if a MAC only translates ICD-9 codes to the appropriate ICD-10 code, the policy does not need to be vetted through their Carrier Advisory Committee or be sent through the public Comment and notice process. However, if a MAC decides to revise more than just the ICD-10 code(s), they shall follow the normal LCD development process outlined in Pub. 100-08, Chapter 13.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8348.1	Contractors shall publish all ICD-10 LCDs and associated Articles on the MCD no later than April 10, 2014. Therefore, contractors shall have all changes in the Local Coverage Backend (LCBE) database by April 6, 2014.	X	X		X	X	X	X					
8348.2	Contractors shall publish all LCDs and Articles that do not contain ICD-10 information or Articles not attached to an LCD on the MCD no later than September 4, 2014. Therefore, contractors shall	X	X		X	X	X	X					

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S S	V M S S	C W F	
	have all changes in the LCBE by August 31, 2014.												
8348.3	Contractor shall be made aware that their local systems (i.e., MSNs) may need to be updated to accommodate the new LCD/Article ID number.	X	X		X	X	X	X					
8348.4	Contractors shall notify (e.g., contractor Web site, bulletin, etc.) providers that those LCDs receiving a numbering change do not constitute a change that requires comments from the provider community.	X	X		X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Other
		A	B	H H H					
8348.5	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X	X	X	X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Karen Reinhardt, 410-786-0189 or Karen.Reinhardt@cms.hhs.gov (Coverage)

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:

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