

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 920	Date: July 29, 2011
	Change Request 7427

SUBJECT: Expand the Fiscal Intermediary Shared System (FISS) End Stage Renal Disease (ESRD) Parameter Files, Hook Selection Files, and Medical Policy Parameter Files to Accommodate the Requirements for ICD-10.

I. SUMMARY OF CHANGES: In order for the FISS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the ESRD Parameter files, Hook Selection files, and Medical Policy Parameter files need to be expanded to accommodate the requirements for ICD-10.

EFFECTIVE DATE: January 1, 2012

IMPLEMENTATION DATE: January 3, 2012

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/revise 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 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 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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Expand the Fiscal Intermediary Shared System (FISS) End Stage Renal Disease (ESRD) Parameter Files, Hook Selection Files, and Medical Policy Parameter Files to Accommodate the Requirements for ICD-10

Effective Date: January 1, 2012

Implementation Date: January 3, 2012

I. GENERAL INFORMATION

A. Background: The ICD-10 Final Rule, published in the *Federal Register* on January 16, 2009, adopts modifications to the Transactions and Code Sets Final Rule published in the *Federal Register* on August 17, 2000. Specifically, with a compliance date of October 1, 2013, the following standard medical data code sets will be used for coding diagnoses and inpatient hospital procedures:

- The International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) for diagnosis coding, including the Official ICD–10–CM Guidelines for Coding and Reporting, as maintained and distributed by the U.S. Department of Health and Human Services (HHS). In this CR, this code set will be referred to as ICD-10-CM.
- The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) for inpatient hospital procedure coding, including the Official ICD–10–PCS Guidelines for Coding and Reporting, as maintained and distributed by the HHS. In this CR, this code set will be referred to as ICD–10–PCS.

Note: When the information in this CR applies to both code sets, they will be referred to as “the ICD-10 code sets” or “ICD-10.” These new codes replace the International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2, including the Official ICD–9–CM Guidelines for Coding and Reporting; and the International Classification of Diseases, 9th Revision, Clinical Modification, Volume 3, including the Official ICD–9–CM Guidelines for Coding and Reporting. When the information in this CR applies to all three volumes of ICD-9, they will be referred to as “the ICD-9-CM code sets” or “ICD-9.” For dates of service on and after October 1, 2013, entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are required to use the ICD-10 code sets in standard transactions adopted under HIPAA. The HIPAA standard health care claim transactions are among those for which ICD-10 codes must be used for dates of service on and after the compliance date.

Note: Inpatient facilities covered under HIPAA are required to use ICD-10 codes for dates of discharge on and after October 1, 2013, in keeping with the current practice followed by inpatient facilities of coding based on the date of discharge. Hereafter, references to “dates of service” shall include dates of discharge for inpatient facility claims. The FISS is directed to expand the ESRD Parameter files, Hook Selection files, and Medical Policy Parameter files to accommodate the requirements for ICD-10.

B. Policy: CMS requires that FISS shall be able to accept ICD-10 diagnosis codes by October 1, 2013.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility								
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H R I I	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
7427.1	FISS will expand the online ESRD Additional Justification Screens to accept up to 40 Diagnosis codes. This screen change will be effective 1/1/2012.	X		X			X			
7427.1.1	FISS will expand the ESRD Additional Justification File(s) to accept up to 40 diagnosis codes. This file change will be effective 1/1/2012.	X		X			X			
7427.2	FISS will expand the Hook Selection Screens to accept up to 81 diagnosis codes and 48 Procedure codes. This screen change will be effective 1/1/2012.	X		X			X			
7427.2.1	FISS will expand the Hook Selection File(s) to accept up to 81 diagnosis codes and 48 Procedure codes. This file change will be effective 1/1/2012.	X		X			X			
7427.3	FISS will expand the Medical Policy Parameter Screens to accept up to 200 Diagnosis codes and 20 Procedure codes. This screen change will be effective 1/1/2012.	X		X			X			
7427.3.1	FISS will expand the Medical Policy Parameter File(s) to accept up to 200 Diagnosis codes and 20 Procedure codes. This file change will be effective 1/1/2012.	X		X			X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility								
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H R I I	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
	None.									

IV. SUPPORTING INFORMATION

In order for the FISS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the ESRD Parameter files, Hook Selection files, and Medical Policy Parameter files need to be expanded to accommodate the requirements for ICD-10.

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Katie Wickrowski (410) 786-5084, Katie.Wickrowski@cms.hhs.gov
Tammy Amendola (410) 786-1149, Tammy.Amendola@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) 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; contractor activities are to be carried out within 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 does 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.