

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2727	Date: June 14, 2013
	Change Request 8355

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

I. SUMMARY OF CHANGES: This instruction is CMS' annual reminder to the Medicare contractors of the ICD-9-CM update that is effective for the dates of service on and after October 1, 2013. This Recurring Update Notification applies to Chapter 23, Section 10.2.

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

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

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

I. GENERAL INFORMATION

A. Background: Effective October 1, 2003, an ICD-9-CM code is required on all paper and electronic claims billed to Medicare carriers/A/B MACs, including ambulance claims (specialty type 59) submitted in the 5010 format. The ICD-9-CM codes are updated annually as stated in Pub. 100-04, chapter 23, section 10.2. The CMS sends the ICD-9-CM Addendum out to the regional offices and Medicare contractors/A/B MACs annually.

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), and for all institutional claims. However, an ICD-9-CM code is not required for ambulance supplier claims. ICD-9-CM procedure codes are required for inpatient hospital Part A claims only.

The CMS posts the new, revised, and discontinued ICD-9-CM diagnosis codes on the CMS Web site at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

on an annual basis. The updated diagnosis and procedure codes are effective for dates of service/discharges on and after October 1. Providers can view the new updated codes at this site in June. Providers can also visit the National Center for Health Statistics (NCHS) Web site at <http://www.cdc.gov/nchs/icd.htm>. The NCHS will post the new ICD-9-CM Addendum on their Web site in June. Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

B. Policy: This instruction serves as a reminder to Medicare Fee-for-Service contractors that the annual ICD-9-CM coding update is effective for dates of service on or after October 1, 2013 (effective for discharges on or after October 1, 2013 for institutional providers).

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. Refer to http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/Partial_Code_Freeze.pdf.

As a result of this partial code freeze, only changes to ICD-9-CM Procedure codes are being added with this change request. There are no new diagnosis codes for fiscal year 2014. This change does not affect B MACs or DME MACs.

For more information pertaining to ICD-10, please refer to the following website:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I R I E R	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	
8355.1	For inpatient hospitals, Medicare contractors shall accept the following new ICD-9-CM procedure code for claims with discharges on or after October 1, 2013: 00.96 - Infusion of 4-Factor Prothrombin Complex Concentrate Infusion of 4F-PCC Excludes: transfusion of coagulation factors (99.06) and transfusion of Factor IX complex (99.06)	X				X							
8355.2	For inpatient hospitals, Medicare contractors shall accept the following new ICD-9-CM procedure codes for claims with discharges on or after October 1, 2013: 14.81 - Implantation of epiretinal visual prosthesis Note: Includes lens removal if present, scleral buckling, vitrectomy, epiretinal membrane peeling and pericardial grafting Excludes: implantation of intraocular telescope prosthesis (13.91) other operations on retina, choroid, and posterior chamber (14.9) replacement of epiretinal visual prosthesis (14.83)	X				X							
8355.3	For inpatient hospitals, Medicare contractors shall accept the following new ICD-9-CM procedure code for claims with discharges on or after October 1, 2013: 14.82 - Removal of epiretinal visual prosthesis Note: Includes 360-degree limbal peritomy and vitrectomy if performed, and device extraction Excludes: removal of eye prosthesis (97.31)	X				X							
8355.4	For inpatient hospitals, Medicare contractors shall accept the following new ICD-9-CM procedure code for claims with discharges on or after October 1, 2013: 14.83 - Revision or replacement of epiretinal visual prosthesis Note: Includes tack replacement, device	X				X							

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	
	relocation, and replacement of pericardial grafting, if needed. Excludes: implantation of epiretinal visual prosthesis (14.81)												
8355.5	For inpatient hospitals, Medicare contractors shall be aware of the following new exclusion for ICD-9-CM procedure code 99.06 - Transfusion of coagulation factors for claims with discharges on or after October 1, 2013: Excludes: infusion of 4-Factor Prothrombin Complex Concentrate (00.96)	X				X							
8355.6	Medicare Contractors shall review reason codes and local edits that contain ICD-9-CM procedure codes and update if necessary.	X				X							
8355.7	Medicare Contractors shall note that the appropriate ICD-10 codes are listed below. Contractors shall track the ICD-10 code/edits (and add the codes/edits to their system when applicable) and ensure that the updated edit is functional as part of the ICD-10 implementation. 30280B1 Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Open Approach 30283B1 Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Percutaneous Approach 08H005Z Insertion of Epiretinal Visual Prosthesis into Right Eye, Open Approach 08H105Z Insertion of Epiretinal Visual Prosthesis into Left Eye, Open Approach 08P00JZ Removal of Synthetic Substitute from Right Eye, Open Approach 08P10JZ Removal of Synthetic Substitute from Left Eye, Open Approach 08W00JZ Revision of Synthetic Substitute in	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	
	<p>Right Eye, Open Approach</p> <p>08W10JZ Revision of Synthetic Substitute in Left Eye, Open Approach</p> <p>NOTE: You will not receive a separate Change Request instructing you to implement updated edits.</p>												

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					F I S S	M C S S	V M S S	C W F
8355.8	<p>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.</p>	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): Cami DiGiacomo, 410-786-5888 or cami.digiacomocms.hhs.gov (for Institutional claims) , April Billingsley, 410-786-0140 or april.billingsleycms.hhs.gov (for professional claims)

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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Section B: For Medicare Administrative Contractors (MACs):

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Attachment (1)

Tabular

New code	00.96 Infusion of 4-Factor Prothrombin Complex Concentrate Infusion of 4F-PCC Excludes: transfusion of coagulation factors (99.06) transfusion of Factor IX complex (99.06)
New subcategory	14.8 Implantation of epiretinal visual prosthesis
New code	14.81 Implantation of epiretinal visual prosthesis Note: Includes lens removal if present, scleral buckling, vitrectomy, epiretinal membrane peeling and pericardial grafting Excludes: implantation of intraocular telescope prosthesis (13.91) other operations on retina, choroid, and posterior chamber (14.9) replacement of epiretinal visual prosthesis (14.83)
New code	14.82 Removal of epiretinal visual prosthesis Note: Includes 360-degree limbal peritomy and vitrectomy if performed, and device extraction Excludes: removal of eye prosthesis (97.31)
New code	14.83 Revision or replacement of epiretinal visual prosthesis Note: Includes tack replacement, device relocation, and replacement of pericardial grafting, if needed Excludes: implantation of epiretinal visual prosthesis (14.81)
Add exclusion term	99.06 Transfusion of coagulation factors <u>Excludes: infusion of 4-Factor Prothrombin Complex Concentrate (00.96)</u>

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Add subterm	Implant, implantation <u>epiretinal visual prosthesis 14.81</u> prosthesis, prosthetic device
Add subterm	<u>epiretinal visual 14.81</u>
	Infusion (intra-arterial) (intravenous)

Add subterm 4-Factor Prothrombin Complex Concentrate (00.96)

Add subterm Kcentra™ (00.96)

Removal

prosthesis

Add subterm epiretinal visual 14.82

Replacement

prosthesis

Add subterm epiretinal visual 14.83

Revision

prosthesis

Add subterm epiretinal visual 14.83