

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 629</b>	<b>Date: January 29, 2010</b>
	<b>Change Request 6798</b>

**Subject: MCS Changes Needed to Automate the Annual Update to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)**

**I. SUMMARY OF CHANGES:** Contractors will use the automated load in order to update their system with updates from the annual ICD-9-CM change request.

**New / Revised Material**

**Effective Date: July 1, 2010**

**Implementation Date: July 6, 2010**

*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	n/a

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and 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.

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 629	Date: January 29, 2010	Change Request: 6798
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**SUBJECT: MCS Changes Needed to Automate the Annual Update to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)**

**Effective Date:** July 1, 2010

**Implementation Date:** July 6, 2010

## I. GENERAL INFORMATION

**A. Background:** Currently, Part B contractors manually enter updates from the annual ICD-9 CM Change Request (CR). The Part B contractors have been requesting that CMS provide an automated process to update the annual ICD-9-CM changes. CMS is requiring the MCS Shared System Maintainer to take the annual ICD-9 CM documents and create a process that will read the Adds, Changes to descriptions, and Ends (deleted codes). Part B contractors will still need to do manual work such as setting their files for restrictions, i.e. age and gender.

## B. Policy:

This Change Request (CR) makes no change to the ICD-9 policy. This CR provides instruction needed for contractors to use the automated load in order to update their system with updates from the annual ICD-9-CM CR.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6798.1	MCS Shared System Maintainer shall prepare a process to take the annual ICD-9CM WORD documents and convert them into an automated file.						X				
6798.1.1	MCS shall ensure the file reads the added codes, deleted codes and changes to the descriptions.						X				
6798.2	Contractors shall use the automated file to load added codes, deleted codes and changes into their system.	X			X						
6798.3	Contractors shall continue to manually set up their files for restrictions (i.e. age and gender).	X			X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  I E R	C A R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
						F	M	V	C		
	None.										

**IV. SUPPORTING INFORMATION**

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

**Section B: For all other recommendations and supporting information, use this space:**

**V. CONTACTS**

**Pre-Implementation Contact(s):** April Billingsley, [april.billingsley@cms.hhs.gov](mailto:april.billingsley@cms.hhs.gov), (410) 786-0140

**Post-Implementation Contact(s):** Appropriate Project Officer or Contractor Manager

**VI. FUNDING**

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:**

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)*, include the following statement:**

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.