CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2485	**Date: June 8, 2012**
	Change Request 7863

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, 2012. This Recurring Update Notification applies to Chapter 23, Section 10.2.

EFFECTIVE DATE: October 1, 2012
IMPLEMENTATION DATE: October 1, 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/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-

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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2485	Date: June 8, 2012	Change Request: 7863

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

Effective Date: **October 1, 2012**

Implementation Date: October 1, 2012

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, 2012 (effective for discharges on or after October 1, 2012 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 one new ICD-9-CM Procedure code is being added with this change request. There are no new diagnosis codes for fiscal year 2013. This change does not affect B MACs or DME MACs.

For Information pertaining to ICD-10, please refer to the following website:
http://www.cms.gov/Medicare/Coding/ICD10/index.html

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement.

Use "Should" to denote an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
7863.1	For inpatient hospitals, contractors shall accept the new procedure code 00.95 (Injection or infusion of glucarpidase) for claims with discharges on or after October 1, 2012.	X		X							
7863.1.1	Contractors shall review reason codes and local edits that contain ICD-9-CM procedure codes and update if necessary.	X		X							
7863.2	Contractors shall note that the appropriate ICD-10 codes are listed below. Contractors shall track the ICD-10 code/edits (and add the code(s)/edit(s) to their system when applicable) and ensure that the updated edit is functional as part of the ICD-10 implementation. 3E033GQ Introduction of Glucarpidase into Peripheral Vein, Percutaneous Approach 3E043GQ Introduction of Glucarpidase into Central Vein, Percutaneous Approach **NOTE: You will not receive a separate Change Request instructing you to implement updated edits.**	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7863.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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	X		X							

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	article, on their Web site 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 your 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.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: Other recommendations and supporting information:

Grouper v30, Medicare Code Editor v30,

Dependencies: Attachment: Addenda

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, cami.digiacomo@cms.hhs.gov, 410-786-5888 (FI) and April Billingsley, april.billingsley@cms.hhs.gov, 410-786-0140 (Carrier)

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

FY 2013 Final Addenda
Volume 3, Procedures
Effective October 1, 2012

Tabular

New code 00.95 Injection or infusion of glucarpidase

Index

Infusion (intra-arterial) (intravenous)

Add subterm glucarpidase 00.95

Add subterm Voraxaze® 00.95

Injection (into) (hyperdermically)(intramuscularly)(intravenously)(acting locally or systemically)

Add subterm glucarpidase 00.95

Add subterm Voraxaze® 00.95