CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 618	**Date: January 8, 2010**
	Change Request 6797

Subject: Institutional Online Screens Changes for Version 005010 Related to ICD-10, Institutional Online Screens Changes for Additional Medical Codes, and Changes Needed to Process Additional Medical Codes - Analysis Only

I. SUMMARY OF CHANGES: 1.   An analysis of the institutional online screens is needed to determine what changes are needed to allow for:
 a. Adding additional ICD-9 other (secondary) diagnosis (from 8 codes to 24 codes) as well as additional present on admission (POA) codes
 b. Adding additional ICD-9 other (secondary) procedure codes (from 5 codes to 24codes)
 c. Including future larger-sized ICD-10 diagnosis as well as additional POA codes
 d. Including future larger-sized ICD-10 procedure codes.
2.   An analysis of the entire CMS claims processing system is needed to determine what changes are needed to process the additional ICD-9 codes.
3.   The CMS is not planning to process any additional patient reason for visit codes or any additional external cause of injury codes at this time.

New / Revised Material
Effective Date: April 1, 2010
Implementation Date: April 5, 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	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
N/A

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: 618	Date: January 8, 2010	Change Request: 6797

SUBJECT: Institutional Online Screens Changes for Version 005010 Related to ICD-10, Institutional Online Screens Changes for Additional Medical Codes, and Changes Needed to Process Additional Medical Codes - Analysis Only

Effective Date: April 1, 2010

Implementation Date: April 5, 2010

I.   GENERAL INFORMATION

A.   Background:
1. An analysis of the institutional online screens is needed to determine what changes are needed to allow for:
   a.   Adding additional ICD-9 other (secondary) diagnosis (from 8 codes to 24 codes) as well as additional present on admission (POA) codes
   b.   Adding additional ICD-9 other (secondary) procedure codes (from 5 codes to 24codes)
   c.   Including future larger-sized ICD-10 diagnosis as well as additional POA codes
   d.   Including future larger-sized ICD-10 procedure codes.
2. An analysis of the entire CMS claims processing system is needed to determine what changes are needed to process the additional ICD-9 codes.
3. The CMS is not planning to process any additional patient reason for visit codes or any additional external cause of injury codes at this time.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6797.1	FISS shall perform an analysis of the appropriate online screens to determine what changes are needed to allow for additional ICD-9 other diagnosis (from 8 codes to 24 codes) including moving the POA indicator added with CR5679 to its logical place within the other diagnosis code fields.						X				
6797.2	FISS shall perform an analysis of the appropriate online screens to determine what changes are needed to allow						X				

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	for additional ICD-9 other procedure codes (from 5 codes to 24 codes).										
6797.3	FISS shall perform an analysis of the appropriate online screens to determine what changes are needed to allow for future additional larger-sized ICD-10 other diagnosis codes including moving the POA indicator added with CR5679 to its logical place within the diagnosis code field.						X				
6797.4	FISS shall perform an analysis of the appropriate online screens to determine what changes are needed to allow for future additional larger-sized ICD-10 other procedure codes.						X				
6797.5	FISS shall perform an analysis of the appropriate online screens to determine if either ICD-9/POA data or larger-sized ICD-10/POA data can be submitted into the same larger-sized data fields or if separate ICD-9/POA and ICD-10/POA data fields must be created.						X				
6797.6	FISS shall perform an analysis to determine if other existing online screens need to be updated.						X				
6797.7	FISS shall perform an analysis to determine what online screens editing is needed to prevent ICD-10 codes from being submitted at this time.						X				
6797.8	FISS shall perform an analysis to determine what changes are needed to process the additional ICD-9 codes.						X				
6797.9	National Claims History shall perform an analysis to determine what changes are needed to process the additional ICD-9 codes.										NCH

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A / B MAC	D M E M A C	F I	C A R 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	
	None.										

IV.   SUPPORTING INFORMATION

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

X-Ref Requireme nt Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Matt Klischer (matthew.klischer@cms.hhs.gov)

Post-Implementation Contact(s): Matt Klischer (matthew.klischer@cms.hhs.gov)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* **and/or** *Carriers:*

N/A.

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.