CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1199	**Date: March 15, 2013**
	Change Request 8197

SUBJECT: International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to both create and update national coverage determination (NCD) hard-coded shared system edits that contain ICD-9 diagnosis codes with comparable ICD-10 diagnosis codes plus all associated coding infrastructure such as procedure codes, HCPCS/CPT codes, denial messages, frequency edits, POS/TOB/provider specialties, etc. The requirements described herein reflect the operational changes that are necessary to implement the conversion of the Medicare shared system diagnosis codes specific to the attached Medicare NCD spreadsheets.

Please note that the implementation date is prior to the effective date in order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014. The shared systems began implementation of the necessary changes to the NCDs in the January 2013 systems release with CR7818, followed by CR8109 in the April 2013 release, and finishing up with this CR split between the July 2013 and October 2013 releases (analysis and design/implementation).

NOTE: Exception: The ICD-9 codes contained in NCDs 110.4 (requirement 5) and 190.11 (requirement 6) must be effective and implemented July 1, 2013 as indicated in the requirements themselves.

EFFECTIVE DATE: July 1, 2013 (BR5, NCD110.4, ICD-9 996.88 and BR6, NCD190.11); October 1, 2014
IMPLEMENTATION DATE: July 1, 2013 (Analysis/Design for FISS and MCS - (Exception: BR5, NCD110.4, ICD-9 996.88 and BR6, NCD190.11, various ICD-9 codes, effective July 1, 2013); October 7, 2013 (Implementation for FISS, MCS, and CWF. All CWF work will occur in the October 2013 Release.)

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:
Funding or implementation activities will be provided to contractors through the regular budget process.

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:

Business Requirements
One Time Notification

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1199	Date: March 15, 2013	Change Request: 8197

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EFFECTIVE DATE: July 1, 2013 (BR5, NCD110.4, ICD-9 996.88 and BR6, NCD190.11); October 1, 2014
IMPLEMENTATION DATE: July 1, 2013 (Analysis/Design for FISS and MCS - (Exception: BR5, NCD110.4, ICD-9 996.88 and BR6, NCD190.11, various ICD-9 codes, effective July 1, 2013); October 7, 2013 (Implementation for FISS, MCS, and CWF. All CWF work will occur in the October 2013 Release.)

I. GENERAL INFORMATION

A. Background: On October 1, 2014, per CMS-40-F, 42CFR162, dated September 5, 2012, all Medicare claims submissions will convert from the International Classification of Diseases, 9th Edition (ICD-9) to the 10th Edition (ICD-10). The transition will require business and systems changes throughout the health care industry. All covered entities, as defined by the Health Insurance Portability and Accountability Act (HIPAA), must adhere to the conversion.

In accordance with HIPAA, the Secretary of the Department of Health and Human Services adopts standard medical data code sets for use in standard transactions adopted under this law. According to the ICD-10 Final Rule, published in the Federal Register of January 16, 2009, the Secretary adopts the ICD-10-CM and ICD-10-PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically, for dates of service on and after October 1, 2013. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date, now October 1, 2014.

B. Policy: The purpose of this change request (CR) is to both create and update national coverage determination (NCD) hard-coded shared system edits that contain ICD-9 diagnosis codes with comparable ICD-10 diagnosis codes, along with all related coding infrastructure such as procedure codes, HCPCS/CPT codes, messages, frequency edits, POS/TOB and provider specialties, etc. The requirements described herein reflect the operational changes that are necessary to implement the conversion of the Medicare shared system diagnosis codes specific to the attached Medicare NCDs. In order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014, the shared systems began implementation of the necessary changes to the NCDs in the January 2013 systems release with CR7818, continued with CR8109 in the April 2013 release and culminates with this CR split between the July 2013 and October 2013 releases (analysis & design/implementation).

THIS EXERCISE IN NO WAY IS INTENDED TO EXPAND, RESTRICT, OR ALTER EXISTING MEDICARE NATIONAL COVERAGE. NOR IS IT INTENDED TO MINIMIZE THE AUTHORITY GRANTED TO MEDICARE ADMINISTRATIVE CONTRACTORS IN THEIR DISCRETIONARY IMPLEMENTATION OF NCDs OR LCDs. HOWEVER, WHERE HARD-CODED EDITS WERE NOT INITIALLY IMPLEMENTED DUE TO TIME AND/OR RESOURCE CONSTRAINTS, DOING SO AT THIS TIME WILL BETTER SERVE THE INTENT AND INTEGRITY OF NATIONAL COVERAGE AND THE MEDICARE PROGRAM OVERALL.

Spreadsheets are attached to this CR indicating all affected ICD-9 codes and their corresponding ICD-10 codes as they relate to their respective NCDs, in addition to the rest of the coding infrastructure specific to

each NCD.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8197.1	The SSMs shall implement the edits/logic associated with the attached NCD-related ICD-10 diagnosis codes using the attached Excel spreadsheets.							X	X		X	
8197.2	Medicare contractors shall complete all ICD-10 tasks that involve updates to shared system edits/tables associated with the attached NCDs in this CR by October 7, 2013 (analysis/design=July 1, 2013, implementation October 7, 2013). NOTE: Exception: Requirements 5 & 6 (NCDs 110.4 & 190.11 attached) are to be effective and implemented for associated ICD-9 codes July 1, 2013. NOTE: A/B MACs are asked to provide applicable TOBs and revenue codes for the following 8 NCDs: 20.4, 20.7, 20.16, 20.30, 190.1, 190.3, 190.5 & 190.8 (see attachments).	X	X		X	X						
8197.3	The SSMs shall ensure the ICD-10 diagnosis codes associated with NCDs are not implemented until October 1, 2014.							X	X		X	
8197.4	When denying claims associated with the NCDs attached to this CR, contractors shall use: Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file). Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file). NOTE: For modifier GZ, use CARC 50 and MSN 8.81 per instructions in CR 7228/TR 2148. Also where appropriate and not specifically indicated	X	X		X	X						

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	in the various attached spreadsheets use: MSN15.20: The following policies **[*insert LMRP/LCD ID #(s) and NCD #(s)***] were used when we made this decision. MSN"The information provided does not support the need for this service or item." Las siguientes políticas [añadir los #s de las Políticas Médicas Locales y los #s de el "National Coverage Determination"] fueron utilizadas cuando se tomó esta decisión. RARC N386: *This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at* http://www.cms.hhs.gov/mcd/search.asp.. *If you do not have web access, you may contact your local contractor to request a copy of the NCD* CARC 50:*These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.*											
8197.5	Contractors shall update their list of codes for NCD 110.4, extracorporeal photopheresis, to include a number of additional ICD-9/ICD-10 codes. This is a change to CR7806/TR2551 correction dated September 24, 2012 that removed 996.88 from CR7806/TR2506 dated August 3, 201212, and a change to the spreadsheet attached to CR7818/TR1122 dated September 14, 2012. NOTE: Exception: For ICD-9 code 996.88/ICD-10 code T86.5, complications of stem cell transplant, contractors shall add the ICD-9 code to claims processing instructions effective and implemented July 1, 2013 with this CR. The ICD-10 code shall be implemented in your systems effective October 1, 2014 along with the all the other coding for NCD 110.4.	X	X		X	X		X	X			

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8197.6	Contractors shall include ICD-9 codes 453.50 (ICD-10 I82.501, I82.502, I82.503, I82.509, I82.591, I82.592, I82,593, I82599), 453.51(ICD-10 I82.511, I82.512, I82.513, I82.519, I82.521, I82.522, I82.523, I82.529, I82.531, I82.532, I82.533, I82.539, I82.5Y1, I82.5Y2, I82.5Y3, I82.5Y9), 453.52 (ICD-10 I82.541, I82.542, I82.543, I82.549, I82.5Z1, I82.5Z2, I82.5Z3, I82.5Z9), 453.71 (ICD-10 I82.711, I82.712, I82.713, I82.719), 453.72 (ICD-10 I82.721, I82.722, I82.723, I82.729), 453.73 (ICD-10 I82.701, I82.702, I82.703, I83.709), 453.74 (ICD-10 I82.A21, I82.A22, I82.A23, I82.A29), 453.75 (ICD-10 I82.B21, I82.B22, I82.B23, I82.B29), 453.76 (ICD-10 I82.C21, I82.C22, I82.C23, I82.C29), 453.77 (ICD-10 I82.211, I82.291) & 453.79 (ICD-10 I82.891, I82.91), codes denoting chronic venous embolism and thrombosis of deep vessels of the lower extermity, to the list of ICD-9/ICD-10 codes included in billing for PT/INR, NCD 190.11. This is a change to CR6313/TR1663 dated January 8, 2009 because the above chronic-related codes were not effective until October 1, 2011. This is also a change to the spreadsheet attached to CR8109/TR1162 dated January 4, 2013. NOTE: Exception: For the above ICD-9 codes 453.50 and 453.79, contractors shall add these ICD-9 code to claims processing instructions for NCD 190.11 effective and implemented July 1, 2013 with this CR. The ICD-10 codes shall be implemented in your systems effective October 1, 2014 along with the remainder of the codes included in NCD 190.11.	X	X		X	X		X	X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	DME	FI	CAR	RHH	Other

		Part A	Part B	MAC		RIER	I	
8197.7	MLN Article : 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 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.	X	X		X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
8197.1	Attached: Spreadsheets 20.4 IADs 20.7 PTA 20.16 TEB 20.30 MTWA 20.31 ICR Program 20.31.1 ICR Program: Pritkin 20.31.2 ICR Program: Ornish 40.1 DSMT 40.7 OIVIT 50.3 Cochlear Implants 100.14 Surgery for Diabetes

X-Ref Requirement Number	Recommendations or other supporting information:
	110.4 Extracorporeal Photopheresis 110.8.1 Stem Cell Transplantation 150.10 LADR 180.1 MNT 190.1 Histocompatibility Testing

Section B: All other recommendations and supporting information: Attached: Spreadsheets Continued

190.3 Cytogenetic Studies

190.5 Sweat Test

190.8 Lymphocyte Mitogen Response Assay

190.11 PT/INR Home Monitoring

210.2 Pap Smear/Pevic Screening

210.4 Smoking/Tobacco Use Cessation

210.4.1 Counseling to Prevent Tobacco Use

210.7 HIV Screening

210.10 STI Screening

220.4 Mammography

220.6.16 FDG PET for Infection/Inflammation

220.6.19 PET NaF-18 to ID Bone Metastasis of Cancer

260.1 Adult Liver Transplants

260.9 Heart Transplants

V. CONTACTS

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov, Kate Tillman, 410-786-9252 or katherine.tillman@cms.hhs.gov

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:
Funding or implementation activities will be provided to contractors through the regular budget process

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 do 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.

Attachments