

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 852	Date: JANUARY 28, 2011
	Change Request 7297

SUBJECT: Expansion of Multi Carrier System (MCS) Procedure Code File to Accommodate ICD-10 Diagnosis Codes

I. SUMMARY OF CHANGES: The MCS system needs to update the procedure code file to accommodate the implementation of ICD-10 Diagnosis codes.

EFFECTIVE DATE: * **July 1, 2011, for analysis and design**
October 1, 2011, for coding and implementation

IMPLEMENTATION DATE: **July 5, 2011, for analysis and design**
October 3, 2011, for coding and implementation

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:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Expansion of Multi Carrier System (MCS) Procedure Code File to Accommodate ICD-10 Diagnosis Codes

Effective Date: July 1, 2011, for analysis and design
October 1, 2011, for coding and implementation

Implementation Date: July 5, 2011, for analysis and design
October 3, 2011, for coding and implementation

I. GENERAL INFORMATION

A. Background: The MCS system shall be expanded to accommodate the processing of the seven digit ICD-10 codes.

B. Policy: The CMS requires that the MCS system shall be able to accept ICD-10 diagnosis codes by October 1, 2013.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B	D M E	F I	C A R	R H I	Shared- System Maintainers				OTH ER
		M A C	M A C		R I E R		F I S S	M C S	V M S	C W F	
7297.1	The MCS system shall update the procedure code file to accommodate for the seven digit ICD-10 diagnosis codes.	X			X			X			

III. PROVIDER EDUCATION TABLE

[illegible]

IV. SUPPORTING INFORMATION

In order for the MCS system to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the procedure code file needs to be restructured.

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

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

V. CONTACTS

Pre-Implementation Contact(s): Tammy Amendola (410) 786-1149, Tammy.Amendola@cms.hhs.gov

Post-Implementation Contact(s): *Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.*

VI. FUNDING

Section A: 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.

Section B: For *Medicare Administrative Contractors (MACs)*

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