

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12688	Date: June 13, 2024
	Change Request 13671

SUBJECT: Fiscal Year (FY) 2025 Annual Update to the Medicare Code Editor (MCE) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS)

I. SUMMARY OF CHANGES: The purpose of this change request is to implement the FY 2025 updates to the MCE and the ICD-10-CM and ICD-10-PCS. The ICD-10-CM and ICD-10-PCS codes are updated as stated in Pub. 100-04, Chapter 23, Section 10. The ICD-10-CM and ICD-10-PCS files used to process Part A claims are included in the MCE file usually available approximately six weeks prior to the beginning of the FY.

However, the instructions for the Fiscal Intermediary Shared System (FISS) to install the MCE is included in the FY Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Change Request, which is issued after the MCE file. This causes a delay in the ICD-10 file being installed timely to allow the MACs to complete their edit updates. This recurring update notification applies to Chapter 23, Section 10.

EFFECTIVE DATE: October 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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:

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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EFFECTIVE DATE: October 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to implement the FY 2025 updates to the MCE and the ICD-10-CM and ICD-10-PCS. The ICD-10-CM and ICD-10-PCS codes are updated as stated in Pub. 100-04, Chapter 23, Section 10. The ICD-10-CM and ICD-10-PCS files used to process Part A claims are included in the MCE file usually available approximately six weeks prior to the beginning of the FY.

However, the instruction for the Fiscal Intermediary Shared System (FISS) to install the MCE is included in the FY Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes CR, which is issued after the MCE file. This causes a delay in the ICD-10 file being installed timely to allow the MACs to complete their edit updates.

B. Policy: The updated diagnosis and procedure codes are effective for dates of discharge on and after October 1, 2024.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H	H	M	F	M	V	C	W
				H	A	S	I	C	M	W	F
13671.1	The Medicare contractor shall maintain the capability to install the ICD-10 files separately from the MCE in the event that the FY IPPS and LTCH PPS Changes Change Request and or Pricers are delayed.					X					
13671.2	The Medicare contractor shall overlay ICD-10 data received via stand-alone files with the ICD-10 code data received within the MCE, once received.					X					

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B	H H H	M A C S S	F I S S	M C S	V M S	C W F
					X				
13671.3	The Medicare contractor shall be aware that the CMS announces the availability of the annual ICD-10 diagnosis and procedure file replacement via email approximately six weeks prior to the beginning of the fiscal year.				X				
13671.4	The Medicare contractors shall evaluate all local edits that contain ICD-10-CM and ICD-10-PCS codes, update and test as needed.	X			X				
13671.5	The Medicare contractor shall update the MCE Edit 20 Unspecified Code Report for changes to the Major Complication or Comorbidity (MCC) and Complication or Comorbidity (CC), and MCE Unspecified Code lists as applicable. Note: The updated code lists shall be communicated to the Shared System Maintainer (SSM) separately, as the files become available.				X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E	C D I			
		A	B	H H H	M A C				
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information:N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0