CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1039	**Date: February 3, 2012**
	Change Request 7704

SUBJECT: International Classification of Diseases-10th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)

I. SUMMARY OF CHANGES: This CR is being developed to provide guidance on reporting, claims submissions and date span requirements for 33x Type of Bills containing ICD-10 codes with dates of service October 1, 2013 as defined in CR 7492.

NOTE: For this change request, the implementation date precedes the effective date to allow for shared-system and/or business process updates before new claims processing policies take effect.

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: July 2, 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-*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:
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. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1039	Date: February 3, 2012	Change Request: 7704

SUBJECT: International Classification of Diseases-10th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)

Effective Date: **October 1, 2013**

Implementation Date: July 2, 2012

I. GENERAL INFORMATION

A. Background: On October 1, 2013, all Medicare claims submissions of diagnosis and hospital inpatient procedure coding will change from the International Classification of Diseases, 9th Edition (ICD-9) to the 10th Edition (ICD-10). All entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition including systems changes throughout the entire health care industry.

B. Policy: On August 19, 2011, Transmittal 950, CMS Change Request, 7492 was issued to provide guidance on reporting, claims submissions and date span requirements for ICD-10 diagnosis codes effective October 1, 2013. CMS CR 7492 did not include TOB 33X as a bill type for the requirements provided. This CR is being developed to include TOB 33X to all requirements identified in CR 7492.

II. BUSINESS REQUIREMENTS TABLE

Use of "Shall" denotes a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7704.1	Contractors shall return to provider (RTP) 33X bill types including ICD-9 codes received with dates of discharge/through dates on or after October 1, 2013.	X		X		X	X				
7704.1.1	The following message can be used when contractors RTP these claims: "For dates of discharge on or after October 1, 2013, claims may not contain ICD-9 codes. Please re-submit claim with the appropriate ICD-10 code".	X		X		X	X				
7704.2	Contractors shall RTP any 33X TOB with through dates **prior** to October 1, 2013 that are billed with ICD-10 diagnosis codes.	X		X		X	X				CEM
7704.2.1	The following message can be used when contractors RTP these claims:	X		X		X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	"For dates of discharge prior to October 1, 2013, claims may not contain ICD-10 codes. Please re-submit claim with the appropriate ICD-9 code".										
7704.3	Contractors shall RTP all claims that are billed with **both** ICD-9 and ICD-10 **diagnosis** codes on the same claim.	X		X		X	X				CEM
7704.3.1	The following message can be used when contractors RTP these claims: "Claims may not be submitted with both ICD-9 and ICD-10 diagnosis codes. Please correct. For dates of service prior to October 1, 2013 resubmit with the appropriate ICD-9 diagnosis code. For dates of service after October 1, 2013 resubmit with the appropriate ICD-10 diagnosis code".	X		X		X	X				
7704.4	Contractors shall allow HHAs to use the payment group code derived from ICD-9 codes on claims which span October 1, 2013, but require those claims to be submitted using ICD-10 codes.	X		X		X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7704.5	A provider education article related to this instruction will be available at http://www.cms.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 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	X		X		X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with local 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:

Use of "Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6889	Analysis CR for ICD-10
7492.1-12	(See Attachment A)

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

V. CONTACTS

Pre-Implementation Contact(s): Antoinette S. Johnson, Antoinette.johnson@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*:

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