CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 648	Date: March 5, 2010
	Change Request 6851

SUBJECT: Additional ICD-9 Codes Analysis and Processing direction (Institutional Claims Only)

I. SUMMARY OF CHANGES: The CMS is expanding the number of ICD-9 codes (diagnosis and procedure) processed on institutional claims effective January 1, 2011.   This expansion will be implemented over multiple releases.   This effort started under CR 6797 (FISS and NCH analysis).

EFFECTIVE DATE: July 1, 2010 - Analysis Only for CWF, and Downstream Systems* (except for National Claims History (NCH))
July 1, 2010 - FISS Testing Phase 1
October 1, 2010 - FISS Testing Phase 2, CWF Testing, and Downstream Systems* Testing
January 1, 2011 - FISS Production, CWF Production, and Downstream Systems* (Including NCH) Production

IMPLEMENTATION DATE: July 6, 2010 - Analysis Only for CWF and Downstream Systems* (except for NCH)
July 6, 2010 - FISS Testing Phase 1
October 4, 2010 - FISS Testing Phase 2, CWF Testing, and Downstream Systems* Testing
January 3, 2011 - FISS Production, CWF Production, and Downstream Systems* (Including NCH) Production

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

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I.   GENERAL INFORMATION

A.   Background: The CMS is expanding the number of ICD-9 codes (diagnosis and procedure) processed on institutional claims effective January 1, 2011. This expansion will be implemented over multiple releases. This effort started under CR 6797 (FISS and NCH analysis).

1. Continued analysis 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 associated present on admission (POA) codes

    b.   Adding additional ICD-9 other (secondary) procedure codes (from 5 codes to 24codes)

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	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				Responsibility (place an "X" in each applicable column)
6851.1	For the July 2010 release, CWF and downstream systems* contractors shall perform an analysis to determine what changes are needed to process the additional ICD-9 other procedure codes (from 5 to 24).									X	Down stream systems *
6851.2	For the July 2010 release, CWF and downstream systems* shall perform an analysis to determine what changes are needed to process the additional ICD-9 other diagnosis (from 8 to 24) including moving the POA indicator added with CR5679 to its logical place within the other diagnosis code fields.									X	Down stream systems *
6851.3	For the July 2010 release, FISS shall implement Phase 1 testing which will be to process additional ICD-9/POA internal test data (created by FISS) to ensure all ICD-9/POA edits work correctly.						X				
6851.4	For the October 2010 release, FISS shall implement Phase 2 testing which will be to continue to process additional ICD-9/POA internal test data (created by FISS) and to pass the processed additional test data to CWF as needed.						X			X	
6851.5	For the October 2010 release, CWF shall process the additional ICD-9/POA test data from FISS to ensure CWF ICD-9/POA edits work correctly.									X	
6851.6	For the October 2010 release, CWF shall pass the processed additional ICD-9/POA test data from FISS to the downstream systems* as needed.									X	Down stream systems *
6851.7	For the October 2010 release, the downstream systems* shall process the additional ICD-9/POA test data from CWF to ensure all ICD-9/POA edits work correctly.										Down stream systems *
6851.8	For the January 2011 release, FISS shall allow and process additional ICD-9/POA production data (submitted by providers effective January 1, 2011) and shall pass the processed additional production data to CWF.						X			X	
6851.9	For the January 2011 release, CWF shall allow and process additional ICD-9/POA production data and shall pass the processed additional production data to the downstream systems*.									X	Down stream systems *
6851.10	For the January 2011 release, the downstream									X	Down

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	systems* shall allow and process additional ICD-9/POA production data.										stream systems *
6851.11	For the October 2010 release, FISS shall implement Phase 2 testing which will be to continue to process additional ICD-9/POA internal test data (created by FISS) and to pass the processed additional test data to the Comprehensive Error Rate Testing (CERT) as needed.						X				CERT
6851.12	For the January 2011 release, FISS shall allow and process additional ICD-9/POA production data (submitted by providers effective January 1, 2011) and shall pass the processed additional production data to CERT.						X				CERT

* Downstream Systems:

National Claims History (NCH)
Integrated Outpatient Code Editor (IOCE)
Healthcare Integrated General Ledger Accounting System (HIGLAS)
Provider Statistical & Reimbursement (PS&R)
System Tracking for Audit & Reimbursement (STAR)
Coordination of Benefits Contractor (COBC) – core system
Next Generation Desktop (NGD)
Medicare Beneficiary Database (MBD)
Risk Adjustment System (RAS)/Risk Adjustment Processing System (RAPS)
Automated Reporting and Tracking System (ARTS)
Regional Data Exchange System (RDES)
Quality Improvement Organization (QIO)
Online Survey Certification and Reporting System (OSCAR)
Medicare Coverage Database (MCD)
Systematic MSP Automated Recovery Tracking (SMART) System
Expert Claim Process System (ECPS)

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 FISS	MCS	VMS	CWF	OTHER
6851.13	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 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 included in your 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					

IV.   SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
6851.8	The provider education article will include language informing providers that the CMS will be able to accept and process additional ICD-9/POA codes effective January 1, 2011.

Section B: All other recommendations and supporting information: 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***:**

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