CMS Manual System	Department of Health & Human Services (DHHS)							
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)							
Transmittal 881	Date: April 22, 2011							
	Change Request 7320							

SUBJECT: Update ViPS Medicare System (VMS) Automated Development System (ADS) to Recognize and Print the ICD-10 Indicator

I. SUMMARY OF CHANGES: In order for the VMS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the Automated Development System (ADS) needs to be updated to recognize and print the ICD-10 indicator on ADS letters and to set the appropriate diagnosis indicator.

EFFECTIVE DATE: *October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

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: 881 | Date: April 22, 2011 | Change Request: 7320

SUBJECT: Update ViPS Medicare System (VMS) Automated Development System (ADS) to Recognize and Print the ICD-10 Indicator

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

I. GENERAL INFORMATION

- **A. Background:** The ICD-10 Final Rule, published in the Federal Register on January 16, 2009, adopts modifications to the Transactions and Code Sets Final Rule published in the Federal Register on August 17, 2000, for coding diagnoses and inpatient hospital procedures. Specifically, with a compliance date of October 1, 2013. The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, as maintained and distributed by the U.S. Department of Health and Human Services (HHS). In this CR, this code set will be referred to as ICD-10-CM. For dates of service on and after October 1, 2013, entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are required to use the ICD-10 code sets in standard transactions adopted under HIPAA. The HIPAA standard health care claim transactions are among those for which ICD-10 codes must be used for dates of service on and after the compliance date. The VMS shared system maintainer is directed to update the Automated Development System (ADS) to recognize and print the ICD-10 indicator on ADS letters and to set the appropriate diagnosis indicator.
- **B.** Policy: CMS requires that the VMS 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	D	F	C	R		Shai	ed-		OTH
		/	M	I	A	Н		Syst	em		ER
		В	E		R	Н	M	aint	aine	ers	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
7320.1	VMS subsystem ADS shall be updated to recognize the		X						X		
	ICD-10 indicator and to populate the ICD-10 code on										
	any ADS claim development letter when specified.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н	H System			ER	
		В	Е		R	Н	Maintainers		ers		
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None.										

IV. SUPPORTING INFORMATION

In order for the VMS to be compliant with accepting ICD-10 diagnosis codes by October 1, 2013, the Automated Development System (ADS) needs to be updated to recognize and print the ICD-10 indicator on ADS letters and to set the appropriate diagnosis indicator.

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

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	
	None.

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

V. CONTACTS

Pre-Implementation Contact(s): Katie Wickrowski (410) 786-5084, <u>Katie.Wickrowski@cms.hhs.gov</u> Tammy Amendola (410) 786-1149, <u>Tammy.Amendola@cms.hhs.gov</u>

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):

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.