MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – News Flash - The revised Hospital Outpatient Prospective Payment System Fact Sheet (January 2010), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at *http://www.cms.hhs.gov/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf* on the CMS website.

MLN Matters® Number: MM6851 | Related Change Request (CR) #: 6851

Related CR Release Date: March 5, 2010 | Effective Date: January 1, 2011

Related CR Transmittal #: R648OTN | Implementation Date: January 3, 2011

Additional ICD-9 Codes Analysis and Processing Direction (Institutional Claims Only)

Provider Types Affected

This article is for hospitals, Home Health Agencies, Skilled Nursing Facilities, and other providers who bill Fiscal Intermediaries, (FI), Regional Home Health Intermediaries (RHHI), or Medicare Administrative Contractors (A/B MAC) for providing institutional services to Medicare beneficiaries.

What You Need to Know

CR 6851, from which this article is taken, announces that (effective January 1, 2011) the Centers for Medicare & Medicaid Services (CMS) is expanding the number of ICD-9 diagnosis and procedure codes processed on institutional claims. Please see the Background section, below for details.

Background

In CR 6797 (*Institutional Online Screens Changes for Version 005010 Related to ICD-10, Institutional Online Screens Changes for Additional Medical Codes, and Changes Needed to Process Additional Medical Codes - Analysis Only*), released on January 8, 2010, CMS announced the need to perform an analysis of the

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institutional online Fiscal Intermediary Standard System (FISS) and the National Claims History (NCH) System to determine what changes are required to allow for additional, and larger, ICD-9 diagnosis and procedure codes. You can find CR 6797 at *http://www.cms.hhs.gov/transmittals/downloads/R618OTN.pdf* on the CMS website.

CR 6851 continues and completes this process by announcing that, effective January 1, 2011, CMS is expanding the number of ICD-9 diagnosis and procedure codes it will accept and process on institutional claims.

This expansion is being done to allow for: 1) Adding additional ICD-9 other (secondary) diagnosis codes (from 8 codes to 24 codes) as well as additional associated present on admission (POA) codes; and 2) Adding additional ICD-9 other (secondary) procedure codes (from 5 codes to 24 codes).

Note: CMS will be able to accept and process additional ICD-9/POA codes effective January 1, 2011.

Additional Information

You can find the official instruction, CR 6851, issued to your FI, RHHI, or A/B MAC by visiting *http://www.cms.hhs.gov/Transmittals/downloads/R648OTN.pdf* on the CMS website.

If you have any questions, please contact your FI, RHHI, or A/B MAC at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

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