DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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MLN Matters® Number: MM8348

Related Change Request (CR) #: CR8348

Related CR Release Date: September 6, 2013

Effective Date: October 7, 2013

Related CR Transmittal #: R1293OTN

Implementation Date: April 10, 2014

Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare Claims Administration Contractors (carriers, Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8348 which is issued by the Centers for Medicare & Medicaid Services (CMS) to ensure that International Classification of Diseases, Tenth Revision (ICD-10) LCDs and articles are published in the Medicare Coverage Database (MCD) in a timely manner to

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allow providers sufficient time to make provider specific billing system changes. Make sure that your billing staff is aware of these changes.

Background

CR 8348 instructs that all ICD-10 LCDs and associated ICD-10 articles will be published on the Medicare Coverage Database (MCD) no later than April 10, 2014. All other LCDs and articles (i.e., those LCDs and articles that do not contain ICD-10 information, or articles not attached to an LCD) will be published on the MCD no later than September 4, 2014.

Note: All LCDs and Articles will receive a new LCD/Article ID number. For example, LCD ID 1234 might become LCD ID 4567.

The new LCD/Article ID number could have an impact on MACs local systems, such as changing their Medicare Summary Notice to capture the new LCD/Article ID number.

CMS has determined that although new LCD numbers will be assigned to the ICD-10 LCD policies, the policies will not be considered new policies. CMS considers this type of update to be a coding revision that does not change the intent of coverage/non-coverage within an LCD. Therefore, if a MAC only translates ICD-9 codes to the appropriate ICD-10 code, the policy does not need to be vetted through their Carrier Advisory Committee or be sent through the public comment and notice process.

However, if a MAC decides to revise more than just the ICD-10 code(s), they will follow the normal LCD development process outlined in the "Medicare Program Integrity Manual" (Publication 100-08, Chapter 13 (Local Coverage Determinations)) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c13.pdf on the CMS website.

Additional Information

The official instruction, CR 8348 issued to your MAC regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1293OTN.pdf on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

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