CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1770	**Date: July 10, 2009**
	Change Request 6520

SUBJECT: Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

I. SUMMARY OF CHANGES: This instruction is CMS" annual reminder to the Medicare contractors of the ICD-9-CM update that is effective for the dates of service on and after October 1, 2009. The initial release of this Recurring Update Notification can be found in Pub. 100-04, Chapter 23, section 10.2.

New / Revised Material
Effective Date: October 1, 2009
Implementation Date: October 5, 2009

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:

SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1770	Date: July 10, 2009	Change Request: 6520

SUBJECT: Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I. GENERAL INFORMATION

A. Background:

Effective October 1, 2003, an ICD-9-CM code is required on all paper and electronic claims billed to Medicare contractors with the exception of ambulance claims (specialty type 59). The ICD-9-CM codes are updated annually as stated in Pub. 100-04, Chapter 23, Section 10.2. The CMS sends the ICD-9-CM Addendum out to the regional offices and Medicare contractors annually.

B. Policy:

This instruction serves as a reminder to contractors regarding the annual ICD-9-CM coding update to be effective for dates of service on or after October 1, 2009 (effective for discharges on or after October 1, 2009 for institutional providers).

An ICD-9-CM code is required for all professional claims, e.g., physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, ambulatory surgical centers (ASCs), Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) claims and for all institutional claims. However, an ICD-9-CM code is not required for ambulance supplier claims.

The CMS posts the new, revised, and discontinued ICD-9-CM diagnosis codes on the CMS Web site at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage on an annual basis. The updated diagnosis codes are effective for dates of service/discharges on and after October 1. Providers can view the new updated codes at this site in June. Providers can also visit the National Center for Health Statistics (NCHS) Web site at http://www.cdc.gov/nchs/icd9.htm. The NCHS will post the new ICD-9-CM Addendum on their web in June. Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote 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	

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	
6520.1	Contractors shall install and accept the new and revised 2010 ICD-9-CM codes in order to process claims with dates of service on or after October 1, 2009.	X	X	X	X	X	X		X		
6520.2	For institutional providers, FI/MACs shall accept the new and revised codes for claims with discharges on or after October 1, 2009.	X		X							
6520.3	Contractors shall review reasons code and local edits that contain ICD-9-CM codes and update if necessary.	X		X							
6520.4	Contractors shall review local edits that contain ICD-9-CM codes and update if necessary.	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	
6520.5	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	X	X					

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

Grouper 27, Medicare Code Editor v26, and Integrated Outpatient Code Editor v10.3.

Dependencies: Two attachments: the tables and the Addendum.

V. CONTACTS

Pre-Implementation Contact(s): April Billingsley, april.billingsley@cms.hhs.gov, 410-786-0140 (Carrier) and Valeri Ritter, Valeri.ritter@cms.hhs.gov, 410-786-8652 (FI)

Post-Implementation Contact(s): Appropriate Project Officer or Contractor Manager

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

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),* include the following statement:

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.