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MLN Matters Number: MM5142

Related Change Request (CR) #: 5142

Related CR Release Date: June 23, 2006

Effective Date: October 1, 2006

Related CR Transmittal #: R990CP

Implementation Date: October 2, 2006

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

### Provider Types Affected

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Physicians, suppliers, and providers billing Medicare contractors (carriers, durable medical equipment regional carriers (DMERCs), and fiscal intermediaries (FIs) including regional home health intermediaries (RHHIs))

### Provider Action Needed

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#### **STOP – Impact to You**

Medicare has issued the annual update of the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* to Medicare contractors. This update will apply for claims with service dates on or after October 1, 2006, as well as discharges on or after October 1, 2006, for institutional providers.



#### **CAUTION – What You Need to Know**

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, audiologists, ambulatory surgical centers (ASCs), and for all institutional claims, but is **not required** for ambulance supplier claims.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### GO – What You Need to Do

Be ready to use the updated codes on October 1, 2006. Please refer to the *Background* and *Additional Information* sections of this article for further details regarding this instruction.

## Background

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This instruction is a reminder that Medicare carriers, DMERCs, FIs, and RHHs will use the annual *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* coding update effective for:

- Dates of service on or after October 1, 2006; and
- Discharges on or after October 1, 2006 for institutional providers

Effective for dates of service on and after October 1, 2004, CMS no longer provided a 90-day grace period for physicians, practitioners and suppliers to use in billing discontinued ICD-9-CM diagnosis codes on Medicare claims. The Health Insurance Portability and Accountability Act (HIPAA) requires that medical code sets be date-of-service compliant, and ICD-9-CM diagnosis codes are a medical code set (see the MLN Matters article related to CR3094, dated February 6, 2004, at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3094.pdf> on the CMS website).

## Implementation

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The implementation date for this instruction is October 2, 2006.

## Additional Information

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### Publication of ICD-9-CM Codes

- The Centers for Medicare & Medicaid Services (CMS) places the new, revised, and discontinued codes at [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp#TopOfPage](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage) on the CMS website: . The update should be available at this site in June.
- The updated codes can also be viewed at the National Center for Health Statistics (NCHS) website at: <http://www.cdc.gov/nchs/icd9.htm>. This posting should be available at this site in June.

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- Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

The ICD-9-CM codes are updated annually as stated in the *Medicare Claims Processing Manual*, Pub. 100-04, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 10.2 (Relationship of ICD-9-CM Codes and Date of Service). Chapter 23 may be accessed at

<http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf> on the CMS website.

To view CR5142, the official instruction issued to your Medicare carrier/DMERC or FI/RHHI, regarding changes mentioned in this article. CR5142 may be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R990CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier/DMERC or FI/RHHI 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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