



# MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

**Related Change Request (CR) #:** 3303

**MLN Matters Number:** MM3303

**Related CR Release Date:** June 18, 2004

**Related CR Transmittal #:** 210

**Effective Date:** October 1, 2004

**Implementation Date:** October 4, 2004

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

**Note:** This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### **Provider Types Affected**

Physicians, suppliers, and providers

### **Provider Action Needed**



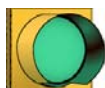
#### **STOP – Impact to You**

Medicare will soon issue 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, 2004.



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

Remember that, as of October 1, 2004, Medicare no longer can provide a 90-day grace period for physicians, practitioners and suppliers to use in billing discontinued ICD-9-CM diagnosis codes.



#### **GO – What You Need to Do**

Be ready to use the updated codes on October 1, 2004. Refer to the *Background* and *Additional Information* sections of this article for further details regarding this instruction.

#### **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.

## Background

This instruction is a reminder that Medicare carriers and intermediaries 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, 2004; and
- Discharges on or after October 1, 2004 for institutional providers.

The Centers for Medicare & Medicaid Services (CMS) has been evolving the use of ICD-9-CM codes as follows:

- Beginning in 1979, ICD-9-CM codes became mandatory for reporting provider services on Form CMS-1450.
- On April 1, 1989, the use of ICD-9-CM codes became mandatory for all physician services submitted on Form CMS-1500.
- Effective October 1, 2003, an ICD-9-CM code is required on all paper and electronic claims billed to Medicare carriers with the exception of ambulance claims (specialty type 59) (see Change Request (CR) 2725, dated June 6, 2003, at <http://www.cms.hhs.gov/Transmittals/Downloads/B03045.pdf> on the CMS website).
- Effective for dates of service on and after October 1, 2004, CMS will no longer provide 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 CR 3094 dated February 6, 2004 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm3094.pdf> on the CMS website).

Updated ICD-9-CM codes are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment System and are effective each October first. Physicians, practitioners, and suppliers must use the current and valid diagnosis code that is in effect beginning October 1, 2004.

After the ICD-9-CM codes are published in the Federal Register, CMS places the new, revised, and discontinued codes at [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01\\_overview.asp#TopOfPage](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage) on the CMS website.

The update should be available at this site in June.

## Implementation

The implementation date for this instruction is October 4, 2004.

## Related Instructions

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)* has been

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revised. The updated manual instructions are included in the official instruction issued to your carrier, and it can be found by going to <http://www.cms.hhs.gov/transmittals/Downloads/R210CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

### Additional Information

The new, revised, and discontinued ICD-9-CM diagnosis codes are posted annually at <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/> on the CMS website.

Providers can view the new updated codes at this Website in June and providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

In addition, the National Center for Health Statistics (NCHS) also will place the new ICD-9-CM Addendum on their Website (<http://www.cdc.gov/nchs/icd9.htm>) in June, which is also available for providers to visit.

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