

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 917

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 4353

SUBJECT: Update of ICD-9 Codes Used in CWF Editing of Oral Anti-Cancer and Oral Anti-Emetic Drugs

I. SUMMARY OF CHANGES: This CR updates the ICD-9 codes used in CWF editing for immunosuppressive drugs.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 1, 2005

IMPLEMENTATION DATE: October 2, 2006

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
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4353.1	Effective for dates of service on or after October 1, 2005, CWF shall modify edit 84X5 to include ICD-9 codes V58.11 and V58.12.								X	
4353.2	Effective for dates of service on or after October 1, 2005, CWF shall modify edit 51#C to include ICD-9 codes V58.11 and V58.12.								X	
4353.3	Effective for dates of service on or after October 1, 2005, CWF shall modify edit 84X5 to remove ICD-9 code V58.1.								X	
4353.4	Effective for dates of service on or after October 1, 2005, CWF shall modify edit 51#C to remove ICD-9 code V58.1.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

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B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2006</p> <p>Implementation Date: October 2, 2006</p> <p>Pre-Implementation Contact(s): Renée Hildt at renee.hildt@cms.hhs.gov or (410) 786-1446</p> <p>Post-Implementation Contact(s): Appropriate RO</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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