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	
15			4

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.

Attachment – One-Time Notification

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

I. GENERAL INFORMATION

A. Background: Medicare makes payment for oral anti-cancer and oral anti-emetic drugs only when a patient has a diagnosis indicating that the beneficiary has cancer. Currently, the Common Working File (CWF) performs editing to ensure that a cancer diagnosis is on the claim, through use of edit 84X5 (for DMEPOS) and edit 51#C (for hospital outpatient). The Centers for Medicare & Medicaid Services (CMS) requires an International Classification of Diseases, Ninth Edition (ICD-9) code indicating cancer in order to make payment for oral anti-cancer and oral anti-emetic drugs. However, the edits do not currently contain the following new ICD-9 codes that were effective for dates of service on and after October 1, 2005:

V58.11 – Encounter for antineoplastic chemotherapy

V58.12 – Encounter for antineoplastic immunotherapy

This instruction notifies the CWF to update its existing edits 84X5 and 51#C by removing V58.1 and adding ICD-9 codes V58.11 and V58.12.

This instruction implements the Medicare and HIPAA requirements that the most specific ICD-9 code must be used (e.g., to the 4th digit when a 4-digit code is available), per Change Request 3888, Transmittal 591, dated October 3, 2005.

B. Policy: CWF edits 84X5 and 51#C must include ICD-9 codes V58.11 and V58.12. CWF edits 84X5 and 51#C shall not include V58.1.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

[&]quot;Should" denotes an optional requirement

Requirements Requirements			Responsibility ("X" indicates the								
Number		co	columns that apply)								
		F	R	С	D	Shared S		m	Other		
		I	H	a	M	Maintair	ners				
			Н	r	Е	F M	V	С			
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				i	C	$\begin{array}{c c} \mathbf{r} & \mathbf{c} \\ \mathbf{S} & \mathbf{S} \end{array}$	S	F			
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Requirement Number	Requirement Number Requirements		Responsibility ("X" indicates the columns that apply)								
		F	R H	C C I a I r	D M	Shared System Maintainers				Other	
			H		E R C	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	rement Requirements Responsibility ("X" indicates the columns that apply)					es the			
Number		FI	R H H I		D M E R C	Shared	Syst iners	С	Other
	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

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

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