

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11419	Date: May 19, 2022
	Change Request 12605

SUBJECT: Update the International Classification of Diseases, Tenth Revision (ICD-10) 2023 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims

I. SUMMARY OF CHANGES: This change request instructs the maintainer to upload and implement the ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the time line to implement the updated ICD-10 diagnosis codes by the mandated timeframe, CWF shall implement the ICD-10 updates effective with the October 2022 release. This recurring update notification applies to chapter 6, section 40.10.3.

EFFECTIVE DATE: October 1, 2022

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

IMPLEMENTATION DATE: October 3, 2022

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	N/A

III. FUNDING:

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

Attachment - Recurring Update Notification

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I. GENERAL INFORMATION

A. Background: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services adopts standard medical data code sets for use in standard transactions. According to the ICD-10 final rule, published in the *Federal Register* on January 16, 2009, the Secretary adopted the ICD-10-clinical modification and ICD-10-procedure coding system code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date. This update concurs with Pub.100-05, Chapter 6, Medicare Secondary Payer CWF Process, section 40.10.3, Implementation of the ICD-10 Tables in the CWF for Purposes of Processing NGHP MSP Records and Claims.

B. Policy: This change request instructs the maintainer to upload and implement the ICD-10 tables in CWF for NGHP MSP claims transactions. In order to be prepared to meet the time line to implement the updated ICD-10 diagnosis codes by the mandated time frame, CWF shall implement the ICD-10 updates effective with the October 2022 release. This recurring update notification applies to Pub. 100-05, Chapter 6, Medicare Secondary Payer CWF Process, section 40.10.3, Implementation of the ICD-10 Tables in the CWF for Purposes of Processing NGHP MSP Records and Claims.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C S	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12605.1	CMS shall provide CWF the Diagnosis and Procedure Codes Conversion Tables (ICD-10 to ICD-9).									CMS	
12605.1.1	CWF shall load the CMS provided Diagnosis and Procedure Codes Conversion Tables (ICD-10 to ICD-9) and convert into 2023 flat files (non-Virtual Storage Access Method (VSAM)).								X		

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12605.1.2	CWF shall create or update the ICD-10 FORMAT Jobs to use the new 2023 CWF Conversion Tables (ICD-10 to ICD-9) flat files (non-VSAM) as input to format the new ICD-10 diagnosis and procedure codes with descriptions to create a 2023 ICD-10 Queued Sequential Access Method (QSAM) file.								X	
12605.2	CWF shall extract the 2023 ICD-10 files from the CMS website and convert to CWF flat files (non-VSAM) in the same manner as the annual Healthcare Common Procedure Coding System update.								X	
12605.2.1	CWF shall create or update the ICD-10 FORMAT Jobs to use the new 2023 CWF flat files (non-VSAM) as input to format the new ICD-10 diagnosis and procedure codes with descriptions to create a 2023 ICD-10 QSAM file.								X	
12605.3	CWF shall update all other processes in CWF to utilize the updated 2023 CABICD10 file.								X	
12605.3.1	CWF shall use the 2023 CABICD10 VSAM file to update the ICD-9/ICD-10 diagnosis code cross-reference assembler table TABICDDG for COBOL search and lookups.								X	
12605.4	CWF shall identify any changes in the 2023 ICD-10 table, which need to be applied to CABBDGFM Diagnosis Code Family matching logic.								X	
12605.5	CWF shall ensure that the Health Insurance Master Record (HIMR) 'DIAG' and 'PROC' screens use the 2022 CABICD10 VSAM file to display all 2023 and earlier ICD-9/ICD-10 diagnosis and procedure codes with descriptions.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sheila Alston, 410-786-8334 or Sheila.Alston@cms.hhs.gov, Richard Mazur, 410-786-1418 or Richard.Mazur@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0