



CMS Announces Transition in Section 111 Reporting Requirements from ICD-9 to ICD-10

The Centers for Medicare and Medicaid Services (CMS) on June 11th released an Alert providing advance notification of the transition from ICD-9 to ICD-10 reporting.

Transition from ICD-9-CM to ICD-10-CM Diagnosis Codes

Beginning October 1, 2014, CMS will adopt the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding. ICD-10-CM codes are alphanumeric and contain 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to Section 111 reporting.

In general, Responsible Reporting Entities (RREs) will be required to submit ICD-10-CM diagnosis codes on claim reports with a CMS Date of Incident (DOI) on or after April 1, 2015.

The complete Alert may be found at <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Downloads/S111ICD10Alert.pdf>