

Medicare B Update!

A Newsletter for Florida Medicare Part B Providers

August 1, 2000

Important Notice for Medicare Part B Providers

2001 ICD-9-CM Coding Changes

The 2001 update to the International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) coding structure is effective October 1, 2000. Providers may begin using the updated ICD-9-CM diagnostic codes for claims submitted on or after October 1, 2000 and the updated codes must be used for all services billed on or after January 1, 2001. A 90-day grace period is provided, during which Florida Medicare will accept both old and new ICD-9-CM codes, for claims received October 1 through December 31, 2000. This grace period is to allow providers sufficient time to obtain and integrate the updated ICD-9-CM codes into their billing systems. Again, for claims received on or after January 1, 2001, the latest version of the ICD-9-CM codes *must* be used.

The latest versions of the ICD-9-CM manuals (as well as a variety of other coding materials) may be obtained from:

HealthCare Consultants of America (800) 253-4945	Medicode Publications (800) 999-4600	St. Anthony's Publishing (800) 632-0123
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ICD-9-CM and other coding materials may also be obtained from local medical publishing and consulting firms.

Additional information regarding the 2001 ICD-9-CM update will be posted to our website – www.floridamedicare.com – and will be published in future issues of the *Medicare B Update!* More information on ICD-9-CM may also be found at the HCFA website, www.HCFA.gov.

Advance Notice

Advance Beneficiary Notice (ABN) is required in the event the service may be denied or reduced for reasons of medical necessity.

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