



## **International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – January 2020 Update**

MLN Matters Number: MM11392

Related Change Request (CR) Number: 11392

Related CR Release Date: August 9, 2019

Effective Date: January 1, 2020

Related CR Transmittal Number: R2348OTN

Implementation Date: January 6, 2020 -  
MAC local edits 45 days from date of this CR

### **PROVIDER TYPES AFFECTED**

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This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### **PROVIDER ACTION NEEDED**

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CR 11392 constitutes a maintenance update of International Classification of Diseases (ICD)-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Please make sure your billing staffs are aware of these updates.

### **BACKGROUND**

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Previous NCD coding changes appear in ICD-10 quarterly updates available at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs.

Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

To review the NCD spreadsheets included with CR11392, go to <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2348OTN.zip>.

Relevant NCD coding changes in CR 11392 include:

- NCD20.7 Percutaneous Transluminal Angioplasty
- NCD110.18 Aprepitant
- NCD110.23 Stem Cell Transplantation
- NCD150.3 Bone Mineral Density Studies
- NCD220.4 Mammography
- NCD220.13 Percutaneous Image-Guided Breast Biopsy
- NCD270.3 Blood Derived-Products for Chronic, Non-Healing Wounds

When denying claims associated with the attached NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed Advance Beneficiary Notice (ABN) is on file).
- Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).
- For modifier GZ, use CARC 50.

**Note:** MACs will adjust any claims processed in error associated with CR 11134 that you bring to their attention.

## ADDITIONAL INFORMATION

The official instruction, CR 11392, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2348OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
August 12, 2019	Initial article released.

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