

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash -

REVISED products from the Medicare Learning Network® (MLN)

["Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Services"](#), Fact Sheet, ICN 904084, Downloadable

MLN Matters® Number: MM8197

Related Change Request (CR) #: CR 8197

Related CR Release Date: March 15, 2013

Effective Date: Please note that the implementation date is prior to the effective date in order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014. The shared systems began implementation of the necessary changes to the NCDs in the January 2013 systems release with CR7818, followed by CR8109 in the April 2013 release, and finishing up with this CR split between the July 2013 and October 2013 releases (analysis and design/implementation).

Related CR Transmittal #: R11990TN

Implementation Date: July 1, 2013

International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)

Note: This article was revised on May 15, 2013, to add references to MM8109 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8109.pdf>) and MM7818 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7818.pdf>) which contain earlier information regarding the conversion to ICD-10. All other information remains the same.

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Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment Medicare Administrative Contractors, (DME MACs) for services to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 8197, from which this article is taken, creates and updates National Coverage Determination (NCD) hard-coded shared system edits that contain International Classification of Diseases (ICD)-9 diagnosis codes with the comparable ICD-10 diagnosis codes, along with all related coding infrastructure such as procedure codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, messages, frequency edits, Place of Service/Type of Bill (POS/TOB), provider specialties, etc.

The requirements it describes reflect the operational changes that are necessary to implement the conversion of the Medicare shared system coding from ICD-9 to ICD-10 specific to 30 NCDs that are attachments to CR8197.

In order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014, the shared systems began implementation of the necessary changes to the NCDs in the January 2013, quarterly release with CR7818, followed by CR8109 in the April 2013, quarterly release and culminates with this CR split between the July 2013, and October 2013, quarterly releases.

See the Background and Additional Information Sections of this article for further details regarding these changes, and be sure that you are ready for ICD-10 implementation by October 1, 2014.

Background

As announced in CMS-40-F, 45 CFR Part 162 [CMS-0040-F] RIN 0938-AQ13, "Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements, and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets" (September 5, 2012), effective October 1, 2014, all Medicare claims submissions will convert from the 9th Edition (ICD-9) to the 10th Edition (ICD-10).

(You can find this document at <http://www.gpo.gov/fdsys/pkg/FR-2012-09-05> on pages 54663-54720.)

All Health Insurance Portability and Accountability Act (HIPAA)-covered entities must adhere to the conversion, which will require business and systems changes throughout the health care industry. In accordance, per the ICD-10 Final Rule, published in the January 16, 2009, Federal Register, (see <http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-740.pdf>). The Secretary of the Department of Health and Human Services adopts the ICD-10-CM and ICD-10-PCS code sets for use in appropriate

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HIPAA standard transactions (including those submitted in both electronic and paper formats) effective October 1, 2014.

General Information Found in Spreadsheets in the Attachments

Thirty spreadsheets are attached to CR8197 indicating certain affected ICD-9 codes and their corresponding ICD-10 codes as they relate to their respective NCDs, in addition to the rest of the coding infrastructure specific to each NCD. To access the attachments, go to the downloads section at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2013-Transmittals-Items/R1199OTN.html> on the CMS website.

Each spreadsheet contains the following information:

- NCD Number/Title;
- Internet-Only Manual (IOM) searchable link related to the NCD; and
- Medicare Coverage Database (MCD) searchable link related to the NCD.

Within each spreadsheet, there are three tabs:

- ICD Diagnosis;
- ICD; and,
- Rule Description.

Spreadsheets attached to CR8197 explain the following NCDs:

20.4	Implantable Automatic Defibrillator
20.7	Percutaneous Transluminal Angioplasty
20.16	Cardiac Output Monitoring by Thoracic Electrical Bioimpedance
20.30	Microvolt T-Wave Alternans
20.31	Intensive Cardiac Rehabilitation Programs
20.31.1	The Pritikin Program
20.31.2	Ornish Program for Reversing Heart Disease
40.1	Diabetes Outpatient Self-Management Training
40.7	Outpatient Intravenous Insulin Treatment
50.3	Cochlear Implantation
100.14	Surgery for Diabetes
110.4	Extracorporeal Photopheresis

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110.8.1	Stem Cell Transplantation
150.10	Lumbar Artificial Disc Replacement
180.1	Medical Nutrition Therapy
190.1	Histocompatibility Testing
190.3	Cytogenetic Studies
190.5	Sweat Test
190.8	Lymphocyte Mitogen Response Assays
190.11	Home Prothrombin Time/International Normalized Ratio Monitoring for Anticoagulation Management
210.2	Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer
210.4	Smoking and Tobacco-Use Cessation Counseling
210.4.1	Counseling to Prevent Tobacco Use
210.7	Screening for the Human Immunodeficiency Virus Infection
210.10	Screening for Sexually Transmitted Infections and High-Intensity Behavioral Counseling to Prevent STIs
220.4	Mammograms
220.6.16	FDG PET for Infection and Inflammation
220.6.19	Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer
260.1	Adult Liver Transplantation
260.9	Heart Transplants

Should your contractor deny claims associated with the NCDs addressed by CR8197, they will use:

- Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed Advance Beneficiary Notice of Noncoverage (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).
- Claim Adjustment Reason Code (CARC) 50: These services are non-covered services because this is not deemed a "medical necessity" by the payer; and

Additionally, where appropriate and not specifically indicated in the various attached spreadsheets, they will use:

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- Remittance Advice Remark Code (RARC) N386: This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website.

Additionally, NCD 190.11 includes a change to CR6313 dated 1/8/09, and is also a change to the spreadsheet attached to CR8109/TR1162.

Likewise, NCD 110.4 includes a change to CR7806/TR2551 correction dated 9/24/12 that removed 996.88 from CR7806 dated 8/3/12, and a change to the spreadsheet attached to CR7818 dated 9/14/12.

Additional Information

The official instruction, CR8197 issued to your carrier, FI, A/B MAC, or DME MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1199OTN.pdf> on the CMS website.

You will find spreadsheets that contain all affected ICD-9 codes and their corresponding ICD-10 codes as they relate to their respective NCDs, in addition to the rest of the coding infrastructure specific to each NCD as attachments to this CR. To access those spreadsheets, visit the downloads section at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2013-Transmittals-Items/R1199OTN.html> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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