

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1792	Date: February 3, 2017
	Change Request 9861

Transmittal 1755, dated November 18, 2016, is being rescinded and replaced by Transmittal 1792, dated, February 3, 2017 to: (1) change implementation date, (2) NCD180.1: add B MAC responsibility to requirement 8, (3) NCD100.1: revise spreadsheet to replace truncated diagnosis codes with full translations, (4) NCD80.2: revise spreadsheet and requirement 3 to clarify additions/deletions and FISS RCs, (5) NCD80.11: revise spreadsheet & requirement 4 to correct FISS RCs to 59015/59016 and add B MAC responsibility, (6) NCD110.4: add A/MAC responsibility, remove B/MAC responsibility in requirement 15 to deactivate FISS RC 31808/31835, revise spreadsheet history, (7) NCD110.23: revise spreadsheet to remove additional allogeneic PCS codes, add additional allogeneic PCS codes, remove MCS, add B/MAC responsibility to requirement 7, (8) NCD220.4: clarify expired CPT codes in spreadsheet, add B/MAC responsibility to requirement 10, (9) NCD220.6.17: revise spreadsheet & requirement 11 to replace deleted HCPCS C9461 with A9515 effective 1/1/17, add dx D47.Z1 effective 10/1/15, add B/MAC responsibility, (10) NCD210.3: add B/MAC responsibility to requirement 9, (11) NCD40.7: add B/MAC responsibility to requirement 2, (12) NCD270.6: Remove FISS responsibility from requirement 14, (13) add STC to requirements 1-16. All other information remains the same.

SUBJECT: ICD-10 Coding Revisions to National Coverage Determination (NCDs)

I. SUMMARY OF CHANGES: This change request (CR) is the 10th maintenance update of 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.

Previous NCD coding changes appear in ICD-10 quarterly updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in 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.

EFFECTIVE DATE: October 1, 2016 - Unless otherwise noted in individual requirements

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

IMPLEMENTATION DATE: March 3, 2017- A/B MAC local systems; April 3, 2017 - FISS, MCS, CWF Shared systems

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/revise 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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1792	Date: February 3, 2017	Change Request: 9861
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I. GENERAL INFORMATION

A. Background: This change request (CR) is the 10th maintenance update of 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.

Previous NCD coding changes appear in quarterly ICD-10 updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in various CRs implementing new NCD policy. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases or new CRs as appropriate. No policy-related changes are included with the ICD-10 updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

B. Policy: Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. Please follow the link below for the NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR9861.zip>

CLARIFICATION: Coding (as well as payment) are separate and distinct areas of the Medicare Program from coverage policy/criteria. Revisions to codes within an NCD are carefully and thoroughly reviewed and vetted by the Centers for Medicare & Medicaid Services and are not intended to change the original intent of the NCD. The exception to this is when coding revisions are released as official implementation of new or reconsidered NCD policy following a formal national coverage analysis.

NOTE: The translations from ICD-9 to ICD-10 are not consistent 1-1 matches, nor are all ICD-10 codes appearing in a complete GEMS mapping guide or other mapping guides appropriate when reviewed against individual NCD policies. In addition, for those policies that expressly allow Medicare Administrative Contractor discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. For these reasons, there may be certain ICD-9 codes that were once considered appropriate prior to ICD-10 implementation that are no longer considered acceptable.

NOTE/CLARIFICATION: A/B MACs shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.

NOTE/CLARIFICATION: A/B MACs shall use default CAQH CORE messages where appropriate: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update. When denying claims associated with the attached NCDs, except where otherwise indicated, A/B MACs shall use:

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 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 and MSN 8.81 per instructions in CR 7228/TR 2148.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared-System Maintainers				Other	
		A	B		H H H	M A C	F I S S	M C S		V M S
9861.1	<p>NCD40.1 - Diabetes Outpatient Self-Management Training - Contractors shall END-DATE invalid ICD-10 dx codes effective 9/30/16</p> <p>Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16</p> <p>Contractors shall REMOVE ICD-10 unspecified codes effective 1/1/17</p> <p>See NCD40.1 spreadsheet for specific coding changes</p> <p>NOTE: FISS RC 59126-59129, FISS RC 59130-59133 (no changes). MCS edit 038L</p>		X			X	X			STC
9861.2	<p>NCD40.7 - Outpatient Intravenous Insulin Therapy - Contractors shall REMOVE all dx codes from this policy - HCPCS G9147, 94681 are non-covered for all indications under this policy effective 10/1/15.</p>	X	X			X	X			STC

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
9861.6	NCD110.18 Aprepitant - Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16 See NCD110.18 spreadsheet for specific coding change	X			X						STC
9861.7	NCD110.23 - Stem Cell Transplants - Contractors shall ADD new dx codes that are not currently in their existing edits from previous CRs. This spreadsheet was updated to reflect the total NCD110.23 policy. Contractors shall REMOVE expired ICD-10 procedure codes effective 9/30/16 Contractors shall ADD new 2017 ICD-10 procedure codes effective 10/1/16 See NCD110.23 spreadsheet for specific coding changes. NOTE: FISS RC 59142-59143=OP, FISS RC 59144-59145=IP, MCS 041L (no changes to this edit).	X	X								STC
9861.8	NCD180.1 - Medical Nutrition Therapy - Contractors shall REMOVE ICD-10 dx codes effective 1/1/17 Contractors shall END-DATE expired ICD-10 dx codes effective 9/30/16 Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16 See NCD180.1 spreadsheet for specific coding changes NOTE: MCS edit 042L, FISS RC 59148/59149, reactivate with implementation of CR9861.	X	X			X	X				STC
9861.9	NCD210.3 - Colorectal Cancer Screening - Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16 See NCD210.3 spreadsheet for specific coding changes NOTE: MCS edit 025L, FISS RC 59099/59100	X	X			X	X				STC

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
9861.10	<p>NCD220.4 - Mammograms - Contractors shall END-DATE ICD-10 dx code N61 effective 9/30/16 - per CPT not appropriate billing code</p> <p>Contractors shall ADD new ICD-10 dx codes N61.0, N61.1 to diagnostic mammograms effective 10/1/16</p> <p>Contractors shall DELETE expired CPT codes 77051, 77052, 77055, 77056, 77057 effective 12/31/16</p> <p>See NCD 220.4 spreadsheet for specific coding changes</p> <p>NOTE: MCS edit 051L, FISS RC 59172/59173</p>	X	X				X			STC	
9861.11	<p>NCD220.6.17 PET for Solid Tumors - Contractors shall REMOVE 97 unspecified ICD-10 dx codes where laterality exists effective 1/1/17</p> <p>Contractors shall ADD 67 new ICD-10 dx codes denoting neoplasms of uncertain behavior effective 10/1/16</p> <p>Contractors shall ADD dx code D47.Z1 effective 10/1/15</p> <p>Contractors shall ADD 2 new PET radiopharmaceutical HCPCS codes effective 1/1/17 to the existing logic and edits for this policy in accordance with the 1/1/17 Annual HCPCS Update:</p> <p>A9588: Fluciclovine f-18, diagnostic, 1 millicurie</p> <p>A9587: Gallium ga-68, dotatate, diagnostic, 0.1 millicurie</p> <p>Contractors shall REPLACE expired HCPCS C9461 with HCPCS A9515, choline C-11, diagnostic, per study dose, up to 20 millicuries, effective 1/1/17</p> <p>See NCD220.6.17 spreadsheet for specific changes to coding</p>	X	X							STC	
9861.12	<p>NCD260.3.1 - Islet Cell Transplants - Contractors shall END-DATE expired ICD-10 dx codes effective 9/30/16</p>	X	X			X	X			STC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
9861.19	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X	

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): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (Coverage)

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 16