

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1798</b>	<b>Date: February 17, 2017</b>
	<b>Change Request 9982</b>

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

**I. SUMMARY OF CHANGES:** This change request (CR) is the 11th 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, CR9751, and CR9861, 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: July 1, 2017 - Unless otherwise noted in individual NCDs**

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

**IMPLEMENTATION DATE: March 20, 2017 - A/B MAC Local Edits; July 3, 2017 - Shared System Edits**

*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/revised 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 1798	Date: February 17, 2017	Change Request: 9982
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**SUBJECT: ICD-10 Coding Revisions to National Coverage Determinations (NCDs)**

**EFFECTIVE DATE: July 1, 2017 - Unless otherwise noted in individual NCDs**

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

**IMPLEMENTATION DATE: March 20, 2017 - A/B MAC Local Edits; July 3, 2017 - Shared System Edits**

## I. GENERAL INFORMATION

**A. Background:** This change request (CR) is the 11th 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, CR9751, and CR9861, 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.

**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/CR9982.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 M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
9982.1	<p>NCD20.31 Intensive Cardiac Rehabilitation (ICR), NCD20.31.1, ICR Pritkin Program, NCD20.31.2 ICR Ornish Program, NCD20.31.3 ICR Benson-Henry Program</p> <p>Contractors shall <b>REMOVE</b> ICD-10 Z98.89 effective 9/30/16.</p> <p>Contractors shall <b>ADD</b> ICD-10 Z98.890 effective 10/1/16.</p> <p>Contractors shall be aware of revised criteria language - no additional editing required as a result of this language change.</p> <p>NOTE: Other than effective dates, all existing editing should be the same for NCDs 20.31, 20.31.1, 20.31.2, and 20.31.3. FISS RC 39949/39950, FISS RC 32352, FISS RC 39951/39952, CWF RC U539T/U539U, MCS 035L.</p> <p>See NCD spreadsheets 20.31, 20.31.1, 20.31.2 &amp; 20.31.3 for specific coding changes.</p>	X	X			X	X				
9982.1.1	Contractors shall permanently <b>DEACTIVATE</b> FISS RCs 39949-39954.	X									
9982.1.2	Contractors shall <b>CREATE</b> new 59XXX RCs to replace 39949-39954, U539T, U539U.					X					
9982.2	<p>NCD20.34 - Left Atrial Appendage Closure</p> <p>Contractors shall <b>END-DATE</b> 0281T effective 12/31/16.</p>		X				X				

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		
	Contractors shall <b>ADD</b> CPT 33340 effective 1/1/17. MCS 083L, 084L, 085L.  See NCD20.34 spreadsheet for specific coding changes										
9982.3	NCD190.3 - Cytogenetic Studies  Contractors shall <b>ADD</b> CPT codes 88239, 88245, 88248, 88249, 88261, 88263, 88272, 88273, 88274, 88275, 88283, 88285 to FISS RC 59071/59072.  Contractors shall <b>ADD</b> CPT codes 88239, 88245, 88248, 88249, 88261, 88263, 88272, 88273, 88274, 88275, 88283, 88285 to the MAC discretionary editing of MCS 044L as applicable.  See NCD190.3 spreadsheet for specific coding changes.	X	X			X					
9982.4	NCD260.3.1 - Islet Cell Transplants in Clinical Trials  Contractors shall be aware that spreadsheet has been updated to correct erroneous information and remove ICD-9 codes. No additional editing should be required.	X	X								
9982.5	NCD270.1 - Electrical Stimulation & Electromagnetic Therapy for Treatment of Wounds  Contractors shall <b>REMOVE</b> the following ICD-10 unspecified site dx codes effective 10/1/16: C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, I70.654, L89.93, L89.94.  Contractors shall <b>ADD</b> ICD-10 dx codes effective 10/1/16.  Contractors shall update CORE messaging as indicated.  See NCD270.1 spreadsheet for specific coding changes. FISS RC 59107/59108, 31765, 59109/59110.	X	X			X	X				

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	MCS shall <b>UPDATE</b> 030L to allow MACs to define discretionary dx codes.									
9982.5.1	Contractors shall <b>END-DATE</b> RC 32272 effective 10/1/15 to allow RC 59109/59110 to assign for ICD-10 claims.  Contractors shall revise logic to <b>DELETE</b> ICD-10 dx codes I83332 and I83333 from FISS RC 59109/59110.  Contractors shall revise logic to <b>ADD</b> ICD-10 dx codes I87332 and I87333 to FISS RC 59109/59110.  NOTE: This is a FISS correction only.					X				
9982.6	Contractors shall <b>ATTEND</b> up to five (5) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the October release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued.	X	X			X	X		X	
9982.7	Contractors shall adjust any claims that are brought to their attention that were processed in error for any of the NCDs included in this CR.	X	X							
9982.8	NCD220.4 - Mammograms  Contractors shall be aware of revised spreadsheet that was updated to align with edits in CR9861. No additional editing required for these revisions.  Contractors shall <b>ADD</b> ICD-10 dx Z86.000 effective 1/1/17. MCS051L  See NCD220.4 spreadsheet for specifics.	X	X			X	X			
9982.8.1	Contractors shall <b>END-DATE</b> FISS RC 31838, 36429, 32016 effective 10/1/15 to allow RCs 59172, 59173, 59186, 59187 to assign for ICD-10 claims.  Contractors shall <b>REMOVE</b> TOB 71X for screening from FISS RC 59186/59187.  Contractors shall <b>REMOVE</b> revenue codes 0401 and 052X for screening from FISS RC 59186/59187.					X				

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	C W F
	NOTE: This is a FISS correction only.										
9982.9	<p>Contractors 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:</p> <p>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).</p> <p>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.</p> <p>NOTE: This replicates the note under the Policy section.</p>	X	X								

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility									
		A/B MAC		D M E	C E D I						
		A	B			H H H	M A C				
9982.10	<p>MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> 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</p>	X	X								

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C E D I
		A	B	H H H		
	benefit their provider community in billing and administering the Medicare program correctly.					

**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):**

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.

**ATTACHMENTS: 9**