

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1854	Date: May 26, 2017
	Change Request 10086

NOTE: This instruction is being re-issued. The change request was erroneously transmitted without input of actual date to replace 45 days from issuance. This instruction has been corrected. The Transmittal number, date issued and all other information remains the same.

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

I. SUMMARY OF CHANGES: This change request (CR) constitutes a 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 that can be found 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.

EFFECTIVE DATE: October 1, 2017 - unless otherwise noted

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

IMPLEMENTATION DATE: July 14, 2017 - local system edits; October 2, 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.

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

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EFFECTIVE DATE: October 1, 2017 - unless otherwise noted

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

IMPLEMENTATION DATE: July 14, 2017 - local system edits; October 2, 2017 - shared system edits

I. GENERAL INFORMATION

A. Background: This change request (CR) constitutes a 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 that can be found 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.

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/CR10086.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		H H H	M A C	D M E	Shared-System Maintainers				Other
		A	B				F	M	V	C	
10086.1	<p>NCD20.29 HBO</p> <p>Contractors shall ADD back ICD-10 dx code M27.8 to the single dx list effective 10/1/15.</p> <p>Contractors shall DELETE secondary dx code requirement for ICD-10 dx code M27.2 effective 10/1/15.</p> <p>Contractors shall note the DELETION of TOB 11X from line 7 and its ADDITION to line 11 of the spreadsheet.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet</p> <p>See NCD20.29 spreadsheet (MCS021L)</p>	X	X				X	X			
10086.2	<p>NCD40.7 Outpatient Intravenous Insulin Therapy</p> <p>FISS shall END-DATE RC 31799 effective 10/1/15.</p> <p>FISS shall CREATE new 59XXX overridable RCs for MAC-controlled discretionary dx code edits to allow coverage of CPT 94681 and 99199 used outside of OPIVIT to be determined by the MACs. (Part B</p>	X	X				X				

Number	Requirement	Responsibility										Other
		A/B MAC			D M E M A C	Shared- System Maintainers				C W F		
		A	B	H H H		F I S S	M C S	V M S				
	<p>MACs should set edit 039L to suspend.)</p> <p>Contractors shall NOTE MSN 16.10 messages changed to adhere to CORE requirements. CARC M51 changed to CARC 50. No RARC changed to RARC N386.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD40.7 spreadsheet.</p>											
10086.3	<p>NCD80.2, 80.2.1, 80.3, 80.3.1 Photodynamic Therapy, Ocular Photodynamic Therapy, Photosensitive Drugs, Verteporfin</p> <p>Contractors shall DELETE inappropriate Part A TOBs 34X, 75X, 76X. FISS OP RCs 59009-59014</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>FISS shall CREATE new 59XXX overridable RCs for MAC-controlled discretionary dx code edits.</p> <p>See NCD80.2, etc. spreadsheet (base FISS RCs 59009-59010, 59013-59014 (FISS RCs 59190-59191 no changes)</p>	X				X						
10086.4	<p>NCD80.11 Vitrectomy</p> <p>Contractors shall END-DATE ICD-10 dx H34.811, H34.812, H34.813 effective 9/30/16.</p> <p>Contractors shall DELETE ICD-10 dx H40.20 effective 10/1/15.</p> <p>Contractors shall ADD ICD-10 dx H34.8110-H34.8112, H34.8120-H34.8122, H34.8130-H34.8132 effective 10/1/16.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD80.11 spreadsheet. (MCS base edit 007L, FISS RC 59015, 59016)</p>	X	X			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		
10086.5	<p>NCD100.1 Bariatric Surgery</p> <p>Contractors shall DELETE ICD-10 dx codes effective 10/1/16: E11.341, E13.349.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD100.1 spreadsheet.</p>	X	X								
10086.6	<p>NCD110.4 Extracorporeal Photopheresis</p> <p>Contractors to ensure correct editing re: BOS indications only: require the appropriate clinical trial edits/codes for both OP & IP claims, taking into account that the -Q0 modifier only applies to OP claims with HCPCS codes.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>Contractors shall note ADDITION of IP reference on lines 10, 15 of spreadsheet.</p> <p>FISS shall PERMANENTLY DISABLE RCs 31808, 31835 to enable OP RC 59019, 59020 to edit correctly.</p> <p>Contractors shall reactivate FISS IP RC 59023, 59024.</p> <p>See NCD110.4 spreadsheet. (FISS base RC 59021-59026 no changes)</p>	X				X					
10086.7	<p>NCD110.23 Stem Cell Transplantation</p> <p>FISS to implement PCS code ADDITIONS/DELETIONS per CR9861.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD110.23 spreadsheet. (FISS base RC 59144-59145)</p>					X					
10086.8	NCD190.3 Cytogenetic Studies	X	X			X					

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	
	<p>Contractors shall DELETE ICD-10 dx codes depicting unspecified sites effective 10/1/15: C81.90, C7A.00, C81.00, C50.911, C50.912, C50.921, C50.922, C81.10, C81.20, C81.30, C81.40, C81.70, C82.90, C83.10, C83.30, C83.50, C83.70, C83.80, C84.00, C84.10, C84.40, C84.60, C84.70, C85.80, D00.00, D05.90, D3A.00.</p> <p>Contractors shall DELETE ICD-10 dx codes depicting benign, squamous, basal, and in situ neoplasms effective 10/1/15: C44.01, C44.02, C44.41, C44.42, C44.81, C44.82, C44.91, C44.92, C44.112, C44.119, C44.122, C44.129, C44.212, C44.219, C44.222, C44.229, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.612, C44.619, C44.622, C44.629, C44.712, C44.719, C44.722, C44.729, D04.9, D07.1, D07.2, D07.30, D07.39, D09.0, D09.10, D09.19, D09.20, D30.3, D32.0, D32.9, D3A.010, D3A.011, D3A.012, D3A.019, D3A.020, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, D3A.090, D3A.091, D3A.092, D3A.093, D3A.094, D3A.095, D3A.096, D3A.098.</p> <p>MACs shall ADD CPT 88291 to discretionary edit/SCF rule effective 1/1/15.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD190.3 spreadsheet. (FISS base RC 59071-59072, 59154, 59155).</p>								
10086.8.1	<p>NCD190.3 Cytogenetic Studies (cont.)</p> <p>Contractors shall ADD ICD-10 dx codes to discretionary edit effective 10/1/15: C82.00-C82.09, C82.11-C82.19, C82.21-C82.28, C82.31-C82.39, C82.41-C82.47, C82.51-C82.59, C82.61-C82.69, C82.81-C82.89, C84.91-C84.99, C85.11-C85.19, C85.21-C85.29, C85.91-C85.99, C91.31-C91.32, C91.50-C91.52, C91.60-C91.62, C91.A0, D05.91, D05.92.</p>	X	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 NOTE removal of revenue code 0303 from line 7 of spreadsheet.										
10086.9	<p>NCD190.11 Home PT/INR</p> <p>Contractors shall DELETE unspecified ICD-10 dx code I48.91 effective 10/1/15.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>See NCD190.11 spreadsheet. (MCS base edit 019L, FISS base RC 59079-59080) (No MCS changes needed for 233A)</p>	X	X			X	X				
10086.10	<p>NCD210.13 Screening for Hepatitis C Virus</p> <p>Contractors shall note CLARIFICATION of correct MCS edit in line 28 of spreadsheet.</p> <p>Contractors shall note CLARIFICATION of correct TOBs on lines 9, 10, 12, 13, 16 of spreadsheet and addition of TOB 14X (edit already performed in CR9360).</p> <p>Contractors shall note REMOVAL of provider specialty codes, line 16, not applicable to Part A.</p> <p>Contractors shall ADD ICD-10 dx Z11.59 to G0472 for 1945-1965 birth cohorts per CMS effective 10/1/17.</p> <p>Contractors shall BYPASS FISS RC 5303 if ICD-10 dx is not present when birth year is 1945-1965 for DOS 1/1/17 and after.</p> <p>FISS shall PERMANENTLY DISABLE RC 31833, 39920, 39921, 39922 and CREATE 4 new 59XXX RCs for MAC-controlled discretionary dx code edit.</p> <p>MACs shall SUSPEND RC U5303-U5306 to ECPS and deny with the new 59XXX RCs noted above.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p>	X	X			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		
	See NCD210.13 spreadsheet. (MCS base edit 001G no changes)										
10086.11	<p>NCD220.4 Mammograms</p> <p>Contractors shall note the ADDITION of TOBs 71X, 77X in spreadsheet to align with appropriate billing criteria. No action necessary if edit is already in place.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>Contractors shall note CHANGES to messaging to adhere to CORE requirements on lines 11,12,13,24,25,26 of spreadsheet.</p> <p>See NCD220.4 spreadsheet. (FISS base RC 59186-59187, 59172-59173) (No MCS changes to edit 050L, 051L, 061L needed)</p>	X	X			X					
10086.12	<p>NCD220.6.17 PET for Solid Tumors</p> <p>Contractors shall note and specify in edits if not there already that radiopharmaceuticals A9515 and A9588 are only approved for suspected prostate cancer recurrence, therefore, they are restricted to ICD-10 dx C61 Malignant neoplasm of prostate, or Z85.46, personal history of malignant neoplasm of prostate, and modifier -PS. CMS continues to nationally non-cover initial anti-tumor treatment strategy in Medicare beneficiaries who have adenocarcinoma of the prostate, therefore, the PI modifier is not allowed for these dx and HCPCS codes.</p> <p>FISS to create 2 new RCs to assign for prostate cancer.</p> <p>Contractors shall DELETE ICD-10 dx codes depicting in situ cancer effective 10/1/15: D03.0, D03.4, D03.8, D03.9, D03.11, D03.12, D03.21, D03.22, D03.30, D03.39, D03.51, D03.52, D03.59, D03.61, D03.62, D03.71, D03.72.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p>	X	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		
	See NCD220.6.17 spreadsheet.										
10086.13	<p>NCD270.1 Electrical Stimulation Electromagnetic Therapy for Treatment of Wounds</p> <p>FISS shall make RCs 59107/59108 overridable for MAC-controlled discretionary dx code edit as noted in CR9982.</p> <p>MACs to set 59107/59108 RCs to suspend all claims without approved dx codes for MAC discretion to determine non-wound coverage.</p> <p>Contractors shall note the REMOVAL of all ICD-9 codes from spreadsheet.</p> <p>Contractors shall note the REMOVAL of TOB 73X from line 7 of the spreadsheet.</p> <p>See NCD270.1 spreadsheet. (FISS base RC 59107-59108).</p>	X				X					
10086.14	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								
10086.15	<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>	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	
	NOTE: This replicates the note under the Policy section.								
10086.16	<p>NCD20.31, 20.31.1, 20.31.2, 20.31.3 Intensive Cardiac Rehabilitation</p> <p>Contractors shall ADD ICD-10 dx code I25.118 to covered dx list effective 10/1/16.</p> <p>Contractors shall note REMOVAL of non-CORE messaging MSN 16.48, CARC 11, RARC N95 from lines 9,12,14,15,20,21 of spreadsheet.</p> <p>Contractors shall note the REMOVAL of ICD-9 codes from spreadsheet.</p> <p>See NCD20.31, etc. spreadsheets (FISS base RC 59124-59125, MCS base edit 035L) (MCS edit 224A no changes needed)</p>	X	X			X	X		
10086.17	Contractors shall ATTEND up to four (4) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the January 2018 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

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
10086.18	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	X	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C E D I
		A	B	H H H		
	free to supplement MLN Matters articles with localized information that would 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: 17