

<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 2202</b>	<b>Date: November 9, 2018</b>
	<b>Change Request 11005</b>

**SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)**

**I. SUMMARY OF CHANGES:** This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to 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: April 1, 2019 - Unless otherwise noted in requirements**

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

**IMPLEMENTATION DATE: April 1, 2019 - for SSMs, for local MACs 60 days from issuance of CR**

*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: 2202	Date: November 9, 2018	Change Request: 11005
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**SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)**

**EFFECTIVE DATE: April 1, 2019 - Unless otherwise noted in requirements**

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

**IMPLEMENTATION DATE: April 1, 2019 - for SSMs, for local MACs 60 days from issuance of CR**

## I. GENERAL INFORMATION

**A. Background:** This CR constitutes a maintenance update of ICD-10 conversions and other coding updates specific to 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 NCD policy.

**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/CR11005.zip>

Clarification: Coding (as well as payment) is a separate and distinct area 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 one-to-one matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (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 (MAC) 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 Part A and A/B MACs Part B 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 Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages where appropriate: Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (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 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 and Medicare

**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	
11005.1	<p>NCD20.7 Percutaneous Transluminal Angioplasty (PTA)</p> <p>Contractors shall add ICD-10 dx I63.031, I63.032, I63.033, I63.131, I63.132, I63.133, I63.233 to covered dx codes effective October 1, 2015.</p> <p>Contractors shall end-date ICD-10 dx I66.9, I66.09, I66.19, I66.29 Not Otherwise Classified (NOC) codes effective April 1, 2019.</p> <p>See spreadsheet</p>	X	X			X	X			
11005.2	<p>NCD110.21, Erythropoiesis Stimulating Agents (ESAs) in Cancer and Neoplastic Conditions</p> <p>FISS shall implement edits to RC59274-59275 from CR10859 to remove ICD-10 D61.1 from non-covered list effective January 1, 2017.</p> <p>FISS shall implement RCs59276-59277 to assign when dx are not present.</p> <p>MCS shall implement edit updates to 292D from CR10859 to remove ICD-10 D61.1 from non-covered list effective January 1, 2017.</p> <p>MACs shall update their local/discretionary edits for DOS January 1, 2017 - September 30, 2017, to cover some of the FISS RC edits that will not assign until October 1, 2017.</p> <p>MACs shall remove any workarounds implemented as a result of this delayed shared edit upon implementation of the above.</p>	X	X			X	X			
11005.3	<p>NCD210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancers</p> <p>Contractors shall take note of updated policy verbiage</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	
	<p>regarding frequency and install any edits not already installed effective October 1, 2015.</p> <p>FISS shall create new 59CXX RCs to allow denial of CWF RCs 5612/5616 when frequency has been exceeded.</p> <p>MACs shall either manually or with ECPS apply new 59CXX RCs when CWF edit is received to ensure benefit savings are properly captured.</p> <p>Denial messages are as follows: CARC 119, RARC M83 or N362, MSN 18.17, CO and PR as appropriate.</p> <p>See spreadsheet.</p>									
11005.4	<p>NCD220.4 Mammograms</p> <p>Contractors shall add ICD-10 dx N63.10, N63.20 to covered dx list effective October 1, 2018. Note: Dual dx codes depicting specific quadrants can be reported instead of unspecified quadrants if found more appropriate by provider.</p> <p>See spreadsheet.</p>	X	X			X	X			
11005.5	<p>NCD230.18 Sacral Nerve Stimulation (SNS) for Urinary Incontinence</p> <p>Contractors shall end-date CPT supply codes C1767, C1778, C1883, C1897 from shared edits effective April 1, 2019. (Removed from line 9)</p> <p>Contractors (A/MACs) shall ensure CPT supply codes C1767, C1778, C1883, C1897 remain in local edits for contractor discretion.</p> <p>See spreadsheet.</p>	X								
11005.6	<p>Contractors shall adjust any claims processed in error associated with CR11005 that are brought to their attention.</p>	X	X							
11005.7	<p>Contractors shall use default CAQH CORE messages where appropriate when denying claims associated with the attached NCDs, except where otherwise indicated: RARC N386 with CARC 50, 96, and/or</p>	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	C W F	
	119. See latest CAQH CORE update.									
11005.7.1	<p>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							
11005.8	<p>NCD80.11 Vitrectomy</p> <p>MCS shall implement update from CR10859 to delete ICD-10 dx H35.53 and add ICD-10 dx H35.52 effective January 1, 2019.</p> <p>MACs shall remove any workarounds implemented as a result of this delayed shared edit upon implementation of the above.</p> <p>See spreadsheet.</p>	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		
11005.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects	X	X			

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

#### 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: 6**