

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2362	Date: September 19, 2019
	Change Request 11392

Transmittal 2348, dated August 9, 2019, is being rescinded and replaced by Transmittal 2362 dated, September 19, 2019, to (1) add revised spreadsheet for NCD110.23, requirement 3, (2) add FISS responsibility and new verbiage to NCD150.3, requirement 4, and associated spreadsheet, and, (3) add revised verbiage to NCD110.21, requirement 11. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2020 Update

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: January 1, 2020 - Unless otherwise indicated in requirements

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

IMPLEMENTATION DATE: January 6, 2020 - MAC local edits 45 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 2362	Date: September 19, 2019	Change Request: 11392
-------------	-------------------	--------------------------	-----------------------

Transmittal 2348, dated August 9, 2019, is being rescinded and replaced by Transmittal 2362 dated, September 19, 2019, to (1) add revised spreadsheet for NCD110.23, requirement 3, (2) add FISS responsibility and new verbiage to NCD150.3, requirement 4, and associated spreadsheet, and, (3) add revised verbiage to NCD110.21, requirement 11. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2020 Update

EFFECTIVE DATE: January 1, 2020 - Unless otherwise indicated in requirements

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

IMPLEMENTATION DATE: January 6, 2020 - MAC local edits 45 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/CR11392.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. *GEMs mapping no longer provided by CMS as of October 1, 2019. 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 Summary Notice (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		
11392.1	<p>NCD20.7 Percutaneous Transluminal Angioplasty (PTA)</p> <p>Contractors shall end-date ICD-10 procedure codes effective September 30, 2019: 037G346, 037G356, 037G366, 037G376, 037G3D6, 037G3E6, 037G3F6, 037G3G6, 037G446, 037G456, 037G466, 037G476, 037G4D6, 037G4E6, 037G4F6, 037G4G6, 037H346, 037H356, 037H366, 037H376, 037H3D6, 037H3E6, 037H3F6, 037H3G6, 037H446, 037H456, 037H466, 037H476, 037H4D6, 037H4E6, 037H4F6, 037H4G6, 037J346, 037J356, 037J366, 037J376, 037J3D6, 037J3E6, 037J3F6, 037J3G6, 037J446, 037J456, 037J466, 037J476, 037J4D6, 037J4E6, 037J4F6, 037J4G6, 037K346, 037K356, 037K366, 037K376, 037K3D6, 037K3E6, 037K3F6, 037K3G6, 037K446, 037K456, 037K466, 037K476, 037K4D6, 037K4E6, 037K4F6, 037K4G6, 037L346, 037L356, 037L366, 037L376, 037L3D6, 037L3E6, 037L3F6, 037L3G6, 037L446, 037L456, 037L466, 037L476, 037L4D6, 037L4E6, 037L4F6, 037L4G6, 037M346, 037M356, 037M366, 037M376, 037M3D6, 037M3E6, 037M3F6, 037M3G6, 037M446, 037M456, 037M466, 037M476, 037M4D6, 037M4E6, 037M4F6, 037M4G6, 037N346, 037N356, 037N366, 037N376, 037N3D6, 037N3E6, 037N3F6, 037N3G6, 037N446, 037N456, 037N466, 037N476, 037N4D6, 037N4E6, 037N4F6, 037N4G6.</p> <p>See spreadsheet.</p>	X				X					
11392.2	NCD110.18 Aprepitant	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>Contractors shall add J9036 as covered effective July 1, 2019.</p> <p>Contractors shall delete S0178 as covered effective October 1, 2015.</p> <p>See spreadsheet.</p>										
11392.3	<p>NCD110.23 Stem Cell Transplantation</p> <p>Contractors shall end-date ICD-10 procedure codes 30250G0, 30250Y0, 30253G0, 30253Y0, 30260G0, 30260Y0, 30263G0, 30263Y0, 30250G1, 30250Y1, 30253G1, 30253Y1, 30260G1, 30260Y1, 30263G1, 30263Y1 effective September 30, 2019.</p> <p>See spreadsheet.</p>	X				X					
11392.4	<p>NCD150.3 Bone Mineral Density Studies</p> <p>Contractors shall make a change to CR7818.5 requirement as follows: If HUBC is received with no modifier, post as both Professional Component (PC) and Technical Component (TC).</p> <p>Contractors shall add Current Procedural Terminology (CPT) 0554T, 0555T, 0556T, 0557T, 0558T as covered effective July 1, 2019 and apply same rules applied to CPT 77078.</p> <p>Contractors shall end-date ICD-10 dx M85.9, M89.9, M94.9, Q55.4 effective December 31, 2019.</p> <p>CWF shall: Remove M89.9, M94.9 from error code 5805 effective January 1, 2020.</p> <p>SSMs shall display BONE DENSITY SERVICE NEXT ELIG DATE on CWF provider query screens (ELGA, ELGH, HIQA, HIQH, and HUQA) for CPT codes 0554T, 0555T, 0556T, 0557T, 0558T.</p> <p>See spreadsheet.</p>	X	X			X			X		
11392.5	NCD220.4 Mammography	X	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	C W F		
	<p>Contractors shall add ICD-10 dx N63.15, N63.25 to covered dx effective October 1, 2019.</p> <p>Contractors shall end-date ICD-10 dx C44.501, C44.509, C50.911, C50.912, C50.921, C50.922, D05.91, D05.92, D49.2, D49.3, M70.90, M70.98, M70.99, M79.9, N60.91, N60.92, N63.10, N63.20, S21.001A, S21.002A, S29.001A, S29.009A, S29.9xxA, S39.001A, S39.91xA effective December 31, 2019.</p> <p>See spreadsheet.</p>										
11392.6	<p>NCD220.13 Percutaneous Image-Guided Breast Biopsy</p> <p>Contractors shall add ICD-10 dx N63.15, N63.25 to covered dx effective October 1, 2019.</p> <p>Contractors shall end-date ICD-10 dx C50.911, C50.912, C50.921, C50.922, D05.91, D05.92, N63.10, N63.20 effective December 31, 2019.</p> <p>See spreadsheet.</p>	X	X			X	X				
11392.7	<p>NCD270.3 Blood Derived-Products for Chronic, Non-Healing Wounds</p> <p>Contractors shall add ICD-10 dx as covered effective October 1, 2019: L89.016, L89.026, L89.116, L89.126, L89.136, L89.146, L89.156, L89.216, L89.226, L89.316, L89.326, L89.46, L89.516, L89.526, L89.616, L89.626, L89.816, L89.896.</p> <p>See spreadsheet.</p>	X	X				X				
11392.8	<p>Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.</p>	X	X		X						
11392.9	<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 119. See latest CAQH CORE update.</p>	X	X		X						

Number	Requirement	Responsibility								Other
		A/B MAC		D M E	Shared- System Maintainers					
		A	B		H H H	M A C	F I S S	M C S	V M S	
	<p>along with:</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>									
11392.10	Contractors shall ATTEND one (1) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the April 2020 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	X	X	
11392.11	Contractors shall update and reactive Fiscal Intermediary Standard System (FISS) Reason Code (RC) 36156 as of July 1, 2017 to accommodate National Correct Coding Initiative Program (NCCI) and Medically Unlikely Edits (MUE) revision to J0882 Aranesp (increase of units from 1200 to 1500 (see CR10081 dated April 21, 2017).	X				X				
	NOTE: The 1500 units are applicable from July 1, 2017, through December 31, 2019.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
11392.12	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 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.	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):

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: 7 : Please refer to URL Section I.B. Policy to access attachments.