

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1658	Date: April 29, 2016
	Change Request 9540

Transmittal 1630, dated February 26, 2016, is being rescinded and replaced by Transmittal 1658 to (1) remove duplicate spreadsheet NCD210.3, (2) add missing spreadsheet NCD20.33, (3) add B/MAC to requirement 3 at request of WPS/B, (4) rename the spreadsheet titles, and, (5) provide a link to the attached spreadsheets for more efficient ease of reference and accessibility. All other information remains the same.

SUBJECT: Coding Revisions to National Coverage Determinations

I. SUMMARY OF CHANGES:

This change request (CR) is the 6th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, and CR9252. Some are the result of revisions required to other NCD-related CRs released separately.

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.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016

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

Pub. 100-20	Transmittal: 1658	Date: April 29, 2016	Change Request: 9540
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I. GENERAL INFORMATION

A. Background:

This change request (CR) is the 6th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, and CR9252. Some are the result of revisions required to other NCD-related CRs released separately.

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 consult the following link for access to the attached/referenced NCD spreadsheets:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR9540.zip>

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		F I S S	M I C S	V M S	C W F	
9540.1	<p>NCD20.29 - Hyperbaric Oxygen Therapy:</p> <p>-Contractors shall REMOVE ICD-10 dx code S7720XA, crushing injury of unspecified hip with thigh, initial encounter, as a covered dx from all related edits requiring a single diagnosis code, effective for claims with dates of service on and after October 1, 2015.</p> <p>-Contractors shall ADD ICD-10 dx codes I70.334, I70.335, I70.344, I70.345 to all related Group 2 dual dx diabetes code edits as covered, in addition to those</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		
	October 1, 2015.										
9540.4	<p>NCD150.3 - Bone Mineral Density Studies:</p> <p>-Contractors shall update all related edits to allow coverage of bone mineral density studies when billed with the following ADDED ICD-10 dx M85.8- series codes in addition to those already present in the edit effective for dates of service on and after October 1, 2015:</p> <p>M85.811 Other specified disorders of bone density and structure, right shoulder M85.812 Other specified disorders of bone density and structure, left shoulder M85.821 Other specified disorders of bone density and structure, right upper arm M85.822 Other specified disorders of bone density and structure, left upper arm M85.831 Other specified disorders of bone density and structure, right forearm M85.832 Other specified disorders of bone density and structure, left forearm M85.841 Other specified disorders of bone density and structure, right hand M85.842 Other specified disorders of bone density and structure, left hand M85.851 Other specified disorders of bone density and structure, right thigh M85.852 Other specified disorders of bone density and structure, left thigh M85.861 Other specified disorders of bone density and structure, right lower leg M85.862 Other specified disorders of bone density and structure, left lower leg M85.871 Other specified disorders of bone density and structure, right ankle and foot M85.872 Other specified disorders of bone density and structure, left ankle and foot M85.88 Other specified disorders of bone density and structure, other site M85.89 Other specified disorders of bone density and structure, multiple sites</p> <p>(Ensure above dx are payable but do not reactivate SSM edits yet.)</p>	X	X				X			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
9540.5	<p>NCD160.18 - Vagus Nerve Stimulation for Treatment of Seizures:</p> <p>-Contractors shall REMOVE invalid ICD-10 dx codes G40819, other epilepsy, intractable, without status epilepticus, and G40519, special epileptic syndromes, intractable, without status epilepticus, from all related edits effective for dates of service on and after October 1, 2015.</p> <p>-Contractors shall ADD CPT 95978 and 95979 to all related local edits as valid CPT codes for this policy effective for claims with DOS on and after October 1, 2015. These are programming codes covered at contractor discretion. (This addition will hopefully eliminate any discrepancy with NCD160.24 and 230.18). POC comments encouraged here.</p> <p>-NOTE: CPT 95970 & 95971 programming codes also used for SNS, NCD230.18 and are local edits at contractor discretion.</p>	X	X				X	X			
9540.6	<p>NCD160.24 - Deep Brain Stimulation for Essential Tremor:</p> <p>-Contractors shall update all related edits to REMOVE expired CPT code 95973, and CPT 95972, from all edits effective for claims with date of service on and after January 1, 2016. (the removal of CPT 95972 will hopefully eliminate any discrepancy with NCD160.18 and 230.18).</p> <p>-Contractors shall ADD CPT 95978 and 95979 to all related local edits as valid CPT codes for this policy effective for claims with dates of service on and after October 1, 2015. These are programming codes covered at contractor discretion. (The addition of CPT 95978 and 95979 will hopefully eliminate any discrepancy with NCD160.18 and 230.18).</p> <p>NOTE: CPT 95970, 95971, 95978, 95979 programming codes are covered at contractor discretion and included in other NCDs.</p>	X									
9540.7	NCD210.3 - Colorectal Cancer Screening Tests (CR9115, CR9252):	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		
	<p>-Contractors shall revise FISS RC 31853 and MCS edit 067L to change 'AND' to 'OR' for ICD-10 dx codes Z12.12, encounter for screening for malignant neoplasm of rectum, or Z12.11, encounter for screening for malignant neoplasm of colon, making either dx code coverable, effective for claims with dates of service on and after October 1, 2015.</p> <p>-Contractors shall ADD ICD-9 codes V76.41 and V76.51 to above edits as payable dx codes (only 1 is necessary for payment) effective for claims with dates of service on and after October 9, 2014.</p>										
9540.7.1	<p>NCD210.3 - Colorectal Cancer Screening Tests (CR9115, TDL160145):</p> <p>-Contractors shall recognize CPT code 81528, Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result, for claims with dates of service on and after January 1, 2016. CPT code 81528 REPLACES HCPCS G0464, colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAs, NDRG4, and BMP3) effective for claims with dates of service on and after January 1, 2016, and should be added to all related existing edits as a valid CPT code for this policy.</p>	X	X			X	X		X	MBD, NGD	
9540.8	<p>NCD210.14 - Screening for Lung Cancer with Low-Dose CT (CR9246):</p> <p>-Contractors shall ADD, in addition to current, related editing, alternate ICD-10 dx codes representing a current smoker as covered dx codes, effective for claims with dates of service on and after October 1, 2015, and ICD-9 dx 305.1 effective for DOS on and after 2/5/15:</p> <p>F17.210 Nicotine dependence, cigarettes, uncomplicated</p> <p>F17.211 Nicotine dependence, cigarettes, in remission</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		
	<p>F17.213 Nitotine dependence, cigarettes, with withdrawal</p> <p>F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders</p> <p>F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders</p>										
9540.9	<p>NCD230.18 - Sacral Nerve Stimulation for Urinary Incontinence:</p> <p>-Contractors shall review new NCD230.18 spreadsheet.</p> <p>NOTE: 95970 & 95971 also in NCD160.18 - these corresponding edits will hopefully eliminate any discrepancy with NCD 160.18. They represent programming codes and should be local edits at contractor discretion.</p>	X									
9540.10	<p>NCD260.1 - Adult Liver Transplantation (CR9252, CR8109):</p> <p>-Contractors shall REPLACE expired CPT code 47136 (12/31/15), liver allotransplantation, heterotopic, partial or whole, from cadaver or living donor, any age, with CPT code 47399, unlisted procedure, liver, as a covered CPT code and updated all related edits, effective for claims with dates of service on and after January 1, 2016.</p>		X								
9540.11	<p>NCD110.4 - Extracorporeal Photopheresis:</p> <p>-Contractors shall update all related edits to ADD ICD-10 dx code C84.19, Sezary disease, extranodal/solid organ sites, as a covered dx for this policy, effective for claims with dates of service on and after October 1, 2015.</p>	X	X			X	X				
9540.12	<p>NCD20.33 - Transcatheter Mitral Valve Repair (CR9002, TDL150341, policy effective August 7, 2014):</p> <p>-Contractors shall update all related edits to ADD ICD-10 I34.1, nonrheumatic mitral valve prolapse, as a covered dx, in addition to those dx already present in</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		
	the edit, effective for claims with dates of service on and after October 1, 2015. -Contractors shall update related edits to REMOVE ICD-10 I34.8, other nonrheumatic mitral valve disorders, as a covered dx, effective for claims with dates of service on and after October 1, 2015.										
9540.13	NCD220.13 - Percutaneous Image-Guided Breast Biospy: -Contractors shall ADD CPT code 10022, fine-needle aspiration using image guidance, as a covered CPT code to all local edits as contractor discretion, effective for claims with dates of service on and after January 1, 2003. (This CPT code is being used for non-breast-related services as well.)	X	X								
9540.14	NCD220.4 - Mammograms: -Contractors shall be aware that RARC M15, "Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed." - Has been deleted.	X	X								
9540.15	Contractors shall be aware that any claims that are brought to their attention regarding any of the above noted NCDs and associated edits shall be adjusted accordingly.	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				
9540.16	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"	X	X		X			

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

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"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): Patricia 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: