

<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 1672</b>	<b>Date: June 3, 2016</b>
	<b>Change Request 9631</b>

**Transmittal 1665, dated May 13, 2016, is being rescinded and replaced by Transmittal 1672 to: (1) 9631.1: Remove FISS responsibility and 1<sup>st</sup> sentence; (2) 9631.2: Remove additional procedure codes, including 0075T, 0076T; (3) 9631.4: Revise descriptor of dx L59.8; (4) 9631.6: Add deletion of dx C49.10, C65.9, remove deletion of dx C54.9, remove deletion of invalid dx C47.90; (5) 9631.8: Remove deletion of invalid dx C51.29, replace with deletion of dx C50.029; (6) 9631.9: Add deletion of 0V504ZZ, 0V500ZZ, override capability, and contractor discretion verbiage. All other information remains the same.**

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

**I. SUMMARY OF CHANGES:**

This change request (CR) is the 7th 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, CR9252, and CR9540. 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: October 1, 2016 - unless noted differently in requirements**

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

**IMPLEMENTATION DATE: October 3, 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.*

<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

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## I. GENERAL INFORMATION

### A. Background:

This change request (CR) is the 7th 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, CR9252, and CR9540. 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 follow the link below for the 12 NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR9631.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 use default CAQH CORE messages where appropriate: RARC N386 w/CARC 50, 96, 119. See latest CAQH CORE list from February 2016. When denying claims associated with the attached NCDs, except where otherwise noted, use Group Code CO.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
9631.1	<p>NCD20.4 Implantable Automatic Defibrillators</p> <p>The local MACs will implement this policy at their discretion as they deem appropriate until further notice from CMS. This relates to the deactivation of MCS edit 036L, FISS RCs 59112, 59113, 59114, 59115, 59182, 59183.</p>	X	X				X			
9631.2	<p>NCD20.7 Percutaneous Transluminal Angioplasty (PTA)</p> <p>Contractors shall <b>REMOVE</b> all 'extirpation' related ICD-10 PCS codes from the SSM edits effective 10/1/15. The 8 ICD-10 PCS codes are: 03CH3ZZ, 03CJ3ZZ, 03CK3ZZ, 03CL3ZZ, 03CM3ZZ, 03CN3ZZ, 03CP3ZZ, 03CQ3ZZ.</p> <p>Contractors shall <b>REMOVE</b> trial-related diagnosis codes ICD-9 V70.7, ICD-10 Z00.6, trial modifiers -Q0, -Q1, -FB, IC-10 dx codes I63.031, I63.032, I63.131, I63.132, I65.8, from the SSM edits effective 10/1/15. This involves MCS edit 037L, FISS RCs 59118/59119.</p> <p>Contractors shall <b>REMOVE</b> 0075T and 0076T and other procedure codes as the revised spreadsheet indicates.</p> <p>Coverage indications for PTA with stenting not specifically noted in NCD20.7 are left to the discretion of the local MACs.</p> <p>Contractors shall <b>ADD</b> ICD-10 dx codes I67.2, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.8, I66.9, according to the indication scenario noted on the dx tab.</p>	X	X			X	X			
9631.3	<p>NCD20.9 Artificial Hearts</p> <p>Contractors shall <b>REMOVE</b> ICD-10 PCS codes 02PA0QZ, removal of heart assist system, and 02WA0QZ, revision of heart assist system, from FISS RCs 31262, 31263, 34950, 59111 effective 10/1/15.</p> <p>Contractors shall <b>REACTIVATE</b> FISS RCs 31262, 31263, 34950, 59111 with the implementation of this CR.</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		
9631.4	<p>NCD20.29 Hyperbaric Oxygen Therapy</p> <p>Contractors shall <b>ADD</b> ICD-10 diagnosis code L59.8, other specified disorders of the skin and subcutaneous tissue related to radiation, to the single diagnosis category effective 10/1/15. MCS edit 021L, FISS RCs 59087, 59088, 59091, 59092.</p> <p>Contractors shall <b>REMOVE</b> ICD-10 diagnosis code L59.9, disorder of the skin and subcutaneous tissue related to radiation, unspecified, from the single diagnosis category effective 10/1/15. Same edits as above.</p> <p>Contractors shall <b>ADD</b> ICD-10 diagnosis code M27.2, inflammatory conditions of the jaw, to the single diagnosis category effective 10/1/15. Same edits as above.</p> <p>Contractors shall <b>REMOVE</b> ICD-10 diagnosis code M27.8, other specified diseases of the jaw, from the single diagnosis category effective 10/1/15. Same edits as above.</p> <p>Contractors shall <b>REVISE</b> payment edits as indicated in lines 8&amp;9 of related spreadsheet.</p>	X	X				X	X			
9631.5	<p>NCD50.3 Cochlear Implants</p> <p>Contractors shall <b>BYPASS</b> FISS RCs 59134, 59135 to allow contractor discretion for CPT codes 92521, 92522, 92523, 92524, 92507 for speech language pathology LCD effective 10/1/15.</p> <p>Contractors shall <b>REACTIVATE</b> FISS RCs 59134, 59135 with implementation of this CR.</p>	X					X				
9631.6	<p>NCD110.18 Aprepitant</p> <p>Contractors shall note and <b>REMOVE</b> 122 unspecified diagnosis codes from all local edits as follows effective 10/1/15:</p> <p>C00.5, C34.00, C34.80, C34.90, C34.10, C34.30, C40.00, C40.10, C40.80, C40.90, C40.30, C40.20, C44.90, C44.101, C44.111, C44.121, C44.191,</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	
	<p>C44.201, C44. 211, C44.221, C44. 291, C44.300, C44.601, C44.611, C44.621, C44.691, C44.701, C44.711, C44.721, C44.791, C46.9, C47.10, C47.20, C49.10, C49.20, C50.019, C50.029, C50.129, C50.229, C50.329, C50.429, C50.529, C50.629, C50.829, C50.929, C50.0019, C50.0119, C50.219, C50.819, C50.619, C50.519, C50.419, C50.319, C50.919, C66.9, C64.9, C65.9, C63.10, C63.00, C62.90, C62.10,C62.00, C57.20, C57.10, C57.00, C56.9, C46.50, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.70, C69.80, C74.00, C72.20, C72.30, C72.40, C74.10, C74.90, C76.40, C76.50, C78.00, C79.60, C79.70, C79.00, C4A10, C4A20, C4A.60, C4A.70, D03.10, D03.20, D03.60, D03.70, D04.9, D04.10, D04.20, D04.60, D04.70, D05.00, D05.10, D05.80, D05.90, D06.9, D09.9, D09.20, D40.10, D39.10, DD41.0, D41.10, D41.20, D43.10, D43.20, D43.60, D43.70, D44.10, D46.9, D48.9, D48.60, D49.9.</p> <p>Contractors shall be aware that B/MACs have been <b>REPLACED</b> with D/MACs in the spreadsheet.</p>									
9631.7	<p>NCD210.3 Colorectal Cancer Screening</p> <p>Contractors shall <b>ADD</b> 43 ICD-10 diagnosis codes and 11 ICD-9 diagnosis codes to HCPCS G0120, G0105, FISS RCs 59099, 59100, MCS edit 025L, FISS RCs 59099, 59100, effective 10/1/15.</p> <p>ICD-9: 555.0, 555.1, 555.2, 555.9, 556.2, 556.3, 556.1, 556.8, 556.9, 558.2, 558.9.</p> <p>ICD-10: K50.00, K50.011, K50.014, K50.018, K50.019, K50.10, K50.111, K50.114, K50.118, K50.119, K50.80, K50.811, K50.814, K50.818, K50.819, K50.90, K50.911, K50.914, K50.918, K50.919, K51.20, K51.211, K51.214, K51.218, K51.219, K51.30, K51.311, K51.314, K51.318, K51.319, K51.80, K51.811, K51.814, K51.818, K51.819, K51.90, K51.911, K51.914, K51.918, K51.919, K52.1, K52.89, K52.9.</p>	X	X			X	X			
9631.8	<p>NCD220.4 Mammography</p> <p>Contractors shall note and <b>REMOVE</b> 43 unspecified diagnosis codes from all SSM and local edits as</p>	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	
	follows effective 10/1/15, MCS edit 051L, FISS RCs 59172, 59173, 59186, 59187:  C50.019, C50.029, C50.119, C50.129, C50.219, C50.319, C50.419, C50.519, C50.619, C50.819, C50.919, C50.229, C50.329, C50.429, C50.529, C50.629, C50.829, C50.929, C56.9, C78.00, C79.60, D24.9, D05.00, D05.10, D05.80, D05.90, D48.60, N60.09, N60.19, N60.29, N60.39, N60.49, N60.89, N60.99, S21.009A, S21.019A, S21.039A, S21.059A, S28.219A, S28.229A, S21.029A, S21.049A, S20.00XA.									
9631.9	NCD230.9 Cryosurgery of Prostate  Contractors shall <b>REMOVE</b> 4 ICD-10 PCS codes 0V507ZZ, 0V508ZZ, 0V504ZZ, 0V500ZZ from FISS RCs 34912, 59055, 59056, 59059, 59060, 59063, 59064, effective 10/1/15.  Contractors shall <b>REACTIVATE</b> FISS RCs 34912, 59055, 59056, 59059, 59060, 59063, 59064, and make those RCs overridable with implementation of this CR.	X				X				
9631.10	NCD260.9 Heart Transplants  Contractors shall <b>REMOVE</b> CPT code 00580, Anesthesia for heart transplant or heart/lung transplant, from all SSM edits effective 10/1/15. FISS RCs 59180, 59181, MCS edit 053L.  Contractors shall <b>REMOVE</b> NOC and infusion ICD-10 dx codes: T82.519A, T82524A, T82.534A, T82.539A, T82.594A, T82.599A, Z95.9 effective 10/1/15.  Contractors shall <b>ADD</b> MA130 per CORE message requirements.	X	X			X	X			
9631.11	NCD210.4 Smoking/Tobacco-Use Cessation Counseling  Contractors shall be aware that effective and retroactive back to 9/30/15, NCD210.4 is <b>DELETED</b> and removed from Pub. 100-03 NCD Manual. MCS edit 047L.	X	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	
	Contractors shall <b>RETAIN</b> editing associated with CPT codes 99406 & 99407 ONLY and transfer those edits to be associated with NCD210.4.1. See NCD210.4.1 for further information									
9631.12	<p>NCD210.4.1 Counseling to Prevent Tobacco Use</p> <p>Contractors shall <b>DELETE/END-DATE</b> HCPCS codes G0436 &amp; G0437 from all local and shared edits effective 9/30/16.</p> <p>Contractors shall <b>REPLACE</b> HCPCS codes G0436 &amp; G0437 with CPT codes 99406 &amp; 99407 from NCD210.4 effective 10/1/16. FISS RCs 59164, 59165.</p> <p>Contractors shall <b>APPLY</b> waiver of copay and deductible to CPT codes 99406 &amp; 99407 effective 10/1/16. MCS can use SCF to accomplish this task.</p> <p>Contractors shall <b>ADD</b> additional ICD-10 T65 dx codes from NCD210.4 as follows: T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A effective 10/1/15.</p> <p>All other editing in NCD210.4.1 should remain the same.</p>	X	X			X	X		X	
9631.13	Contractors shall not mass-adjust claims but shall adjust any claims inappropriately paid or denied that are brought to their attention.	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		
9631.14	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-">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-</a>	X	X		X	

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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 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 patricfia.brocato-simons@cms.hhs.gov (CMS 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: 0**