CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13455	**Date: December 5, 2025**
	Change Request 14263

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-April 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to NCDs. No policy is being changed as a result of these updates.

EFFECTIVE DATE: April 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 6, 2026

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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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to NCDs. No policy is being changed as a result of these updates.

II. GENERAL INFORMATION

A. Background: 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/determination-process/basics/icd-10 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, longstanding 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/files/zip/Medicare-Coverage-DeterminationProcess-CR 14263.zip In the event that this hyperlink does not function properly, use the Alternative Access to the NCD Files attachment, which can be found below.

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 is 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.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14263.1	NCD 230.18 Sacral Nerve Stimulation Contractors shall add Current Procedural Terminology (CPT) 0786T, 0787T, 0788T and 0789T as covered codes for this policy effective June 17, 2025. See attached spreadsheet	X	X							
14263.2	Contractors shall not search for any claims, but adjust claims that are brought to their attention.	X	X							

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. 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

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 2

Alternative Access to the NCD Files

Use the access link below in the event that the hyperlink in the body of the original CR is not operating
Properly.

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:
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NCD:	230.18
NCD Title:	Sacral Nerve Stimulation For Urinary Incontinence (CR1881, CR1936, CR2532, CR9540, CR9751, CR11005, CR11655, CR13507, CR13828, CR14263)
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=249&ncdver=1&bc=0

Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS & A/MACs:** Effective 1/1/02, shall allow edit for CPT/HCPCS with approved dx. Sacral nerve stimulation (SNS) procedures are covered for the treatment of urinary urge incontinence, urgency-frequency syndrome, and urinary retention. TC is outside scope of RHC/FQHC benefit. The provider of that technical service bills their A/MAC on Form CMS-1500 or electronic equivalent. The TC for a provider-based RHC/FQHC is typically furnished by the provider. The provider of that service bills you as appropriate using their OP provider number (not the RHC/FQHC provider number since these services are not covered as RHC/FQHC services). RCs for the implantation can be performed in a number of revenue centers within a hospital such as operating room (360) or clinic (510). Therefore, instruct your hospitals to report these implantation procedures under the revenue center where they are performed.	64585 64590 64595 0787T	N/A	13X 14X 71X 73X 75X 85X	920 except for RHCs/FQHCs who report under revenue code 521	N/A	N/A	15.20 15.4 21.21	11 ---------- 50 ---------- 167 ---------- 199	M76 ---------- N386 ---------- N386 ---------- N657
Part A	**FISS & A/MACs:** shall allow edit for CPT/HCPCS for implantation procedures with approved dx. Revenue codes for the implantation can be performed in a number of revenue centers within a hospital such as operating room (360) or clinic (510). Therefore, instruct your hospitals to report these implantation procedures under revenue center where performed.	64561 64581 0786T		11X 13X 85X	under revenue center where performed	N/A	N/A	15.20 15.4 21.21	11 ---------- 50 ---------- 167 ---------- 199	M76 ---------- N386 ---------- N386 ---------- N657
Part A	**FISS & A/MACs:** shall allow edit for CPT/HCPCS for SNS devices with approved dx.	C1767 C1778 C1820 C1883 C1897	N/A	11X 13X 85X	272, 274, 275, 276, 278, 279, 280, 289, 290 or 624 as appropriate	N/A	N/A	15.20 15.4 21.21	11 ---------- 50 ---------- 167 ---------- 199	M76 ---------- N386 ---------- N386 ---------- N657
Part A	**A/MACs:** shall ensure CPT codes 95970, 95971, and 95972 are included in all related, existing edits effective for claims with dates of service on and after 10/1/15. (To eliminate any discrepany with NCDs 160.18 & 160.24).	95970 95971 95972 0788T 0789T	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part A	The applicable bill types for implantation procedures and devices are: The applicable revenue code for device codes A4290 provided in a CAH is:	A4290	N/A	11X 13X 85X	provided in a CAH is 290	N/A	N/A	15.20 15.4 21.21	11 ---------- 50 ---------- 167 ---------- 199	M76 ---------- N386 ---------- N386 ---------- N657

Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	**B/MACs**: shall ensure CPT codes 95970, 95971, 95972 are included in related, existing edits effective for claims with dates of service on and after 10/1/15. (To eliminate any discrepany with NCDs 160.18 & 160.24).	95970 95971 95972 0788T 0789T	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part B	**B/MACs:** Effective 1/1/02, shall allow edit for CPT/HCPCS for SNS procedures with approved dx. Applicable Ambulatory Surgical Centers (ASC) procedures are 64590 and 64595. Code A4290 should be added to CWF categories 03 (prosthetics/orthotics) and 67 (local carrier jurisdiction). NOTE: 64581, 54561, A4290 also in NCDs 160.2 & 160.7.	64561 64581 64585 64590 64595 A4290 0786T 0787T	N/A	N/A	N/A	N/A	N/A	15.20 15.4 21.21	11 ---------- 50 ---------- 167	M76 ---------- N386 ---------- N386

Revision History

CR9540: Ensure CPT 95970, 95971, 95972, 95974, 95975 are included in local editing effec 10/1/15 and after to remove system conflicts with NCDs 160.18 & 160.24.
Remove CPT 95974 & 95975 from NCD 230.18, lines 10 & 14.

CR11655: A/MAC add HCPCS C1820 effective 1/1/20.

CR13507: Add ICD-10 dx R33.8 effective 1/1/24.
Note descriptor changes to CPT 64590, 64595.

CR13828: Add ICD-10 dx T85.111A, T85.113A, T85.121A, T85.193A, T85.840A, Z45.42 effective 1/1/24.

CR14263: Add CPT codes 0786T, 0787T, 0788T, and 0789T for the Neuspera Sacral Neuromodulation System, effective as of the FDA approval date June 17, 2025.
Updated CARC-RARC codes for valid CORE combinations.