International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2021 Update

MLN Matters Number: MM11905
Change Request (CR) Number: 11905
Related CR Release Date: July 31, 2020
Effective Date: January 1, 2021
Related CR Transmittal Number: R10261OTN
Implementation Date: August 31, 2020- A/B MACs; January 4, 2021 - Shared Systems

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs providers about updated International Classification of Diseases, 10th Revision (ICD-10) conversions as well as coding updates specific to National Coverage Determinations (NCDs). Please make sure your billing staffs are aware of these updates.

BACKGROUND

Previous NCD coding changes appear in ICD-10 quarterly updates at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs.

ICD-10 edits 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.

The translations from ICD-9 to ICD-10 are not consistent 1-to-1 matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs) guide or other mapping guides appropriate when reviewed against individual NCD policies. Please note that, as of October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) will no longer provide GEMs mapping. In addition, for those policies that expressly allow 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: 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 CMS and are not intended to change the original intent of the NCD.
exception to this is when coding revisions are released as official implementation of new or reconsidered NCD policy following a formal national coverage analysis.

Relevant NCD coding changes in CR 11905 include:

- NCD 20.4 Implantable Cardiac Defibrillators (ICDs)
- NCD 50.3 Cochlear Implants
- NCD 90.2 Next Generation Sequencing (NGS)
- NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions


When denying claims associated with the attached NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- 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, CARC 50 is used.

Note: MACs will adjust any claims processed in error associated with CR 11905 that you bring to their attention.

**ADDITIONAL INFORMATION**


If you have questions, your MACs may have more information. Find their website at [http://go.cms.gov/MAC-website-list](http://go.cms.gov/MAC-website-list).

**DOCUMENT HISTORY**

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
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<tbody>
<tr>
<td>August 4, 2020</td>
<td>Initial article released.</td>
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