



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

MLN Matters Number: MM12027 **Revised**

Effective Date: April 1, 2021

Related CR Release Date: **January 14, 2021**

Implementation Date: December 16, 2020, MACs, April 5, 2021. Shared System Maintainers

Related CR Transmittal Number: **R10566NCD**

Related Change Request (CR) Number: 12027

Note: We revised this article due to a revised CR12027 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

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 you about updated ICD-10 conversions as well as coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. There are no policy-related changes with these updates. Make sure your billing staffs are aware of these updates.

BACKGROUND

Previous NCD coding changes appear in ICD-10 quarterly updates that are available at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html> along with other CRs implementing new NCD policy. Edits to ICD-10, and other coding updates specific to NCDs, will be included in subsequent quarterly releases as needed.

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. 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. As of October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) no longer provides GEMs mappings.

Key Points in CR 12027

Relevant NCD coding changes in CR 12027 include:

- NCD 20.5 Extracorporeal Immunoabsorption Using Protein A Columns
- NCD 20.33 Transcatheter Mitral Valve Regurgitation (TMVR)
- NCD 110.10 IV Iron Therapy
- NCD 110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions
- NCD 110.23 Stem Cell Transplants
- NCD 160.18 Vagus Nerve Stimulation (VNS)
- NCD 180.1 Medical Nutrition Therapy
- NCD 190.3 Cytogenetic Studies
- NCD 210.6 Hepatitis B Virus (HBV) Screening
- NCD220.4 Mammograms
- NCD220.6.17 PET for Solid Tumors
- NCD 220.13 Percutaneous Image-Guided Breast Biopsy
- NCD 260.1 Adult Liver Transplants

Please follow the link below for the NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR12027.zip>

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.

The MACs use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages, where appropriate. When

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

- 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 12027 that you bring to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 12027, issued to your MAC regarding this change, is available at <https://www.cms.gov/files/document/r10566otn.pdf>.

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

DOCUMENT HISTORY

Date of Change	Description
January 20, 2021	We revised this article due to a revised CR12027 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
December 10, 2020	We revised this article due to a revised CR12027 that CMS issued on December 10. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
November 4, 2020	Initial article released.

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