

<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 10566</b>	<b>Date: January 14, 2021</b>
	<b>Change Request 12027</b>

**Transmittal 10515, dated December 10, 2020, is being rescinded and replaced by Transmittal 10566, dated, January 14, 2021 to remove FISS Reason Codes (RCs) 59041, 59042, 59209, and 59210 from the spreadsheet for NCD 160.18. All other information remains the same.**

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

**I. SUMMARY OF CHANGES:** This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. 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/CoverageGenInfo/ICD10.html>, 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.

**EFFECTIVE DATE: April 1, 2021 - Or as specified in individual business requirements**

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

**IMPLEMENTATION DATE: December 16, 2020 - 45 days from issuance Medicare Administrative Contractors; April 5, 2021 - Shared System Maintainers**

*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

Pub. 100-20	Transmittal: 10566	Date: January 14, 2021	Change Request: 12027
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## I. GENERAL INFORMATION

**A. Background:** This CR constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. 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/CoverageGenInfo/ICD10.html>, along with other CRs implementing new NCD policy.

**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/Medicare/Coverage/DeterminationProcess/downloads/CR12027.zip>

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 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.

## 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	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
12027.1	NCD 20.5:Extracorporeal Immunoabsorption Using Protein A Columns  Contractors shall delete ICD-10 dx M08.40 effective April 1, 2021.  See spreadsheet.	X	X			X	X			
12027.2	NCD 20.33: Transcatheter Mitral Valve Regurgitation (TMVR)  Contractors shall add ICD-10 procedure 02UG3JH effective October 1, 2020.  See spreadsheet.	X				X				
12027.3	NCD 110.10 IV Iron Therapy  Contractors shall end-date ICD-10 dx N18.3 effective September 30, 2020.  See spreadsheet.	X	X							
12027.4	NCD 110.21: Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions  Contractors shall add ICD-10 dx D59.10, D59.11, D59.12, D59.13, D59.19, to the non-covered list effective October 1, 2020.  Contractors shall end-date ICD-10 dx D59.1 effective September 30, 2020.  See spreadsheet.	X	X			X	X			
12027.5	NCD 110.23: Stem Cell Transplants	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 add ICD-10 dx D57.03, D57.09, D57.213, D57.218, D57.413, D57.418, D57.813, D57.818, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459 effective October 1, 2020.</p> <p>Contractors shall note a descriptor change to ICD-10 dx D57.411, D57.412, D57.419 effective October 1, 2020.</p> <p>Contractors shall add ICD-10 procedure 30230C0, 30233C0, 30240C0, 30243C0 effective October 1, 2020.</p> <p>See spreadsheet.</p>										
12027.6	BR deleted.	X	X								
12027.7	<p>NCD 160.18 Vagus Nerve Stimulation (VNS)</p> <p>Contractors shall add ICD-10 dx G40.833, G40.834 effective October 1, 2020.</p> <p>See spreadsheet.</p>	X	X			X	X				
12027.8	<p>NCD 180.1: Medical Nutrition Therapy</p> <p>Contractors shall add ICD-10 dx N18.31, N18.32 effective October 1, 2020.</p> <p>Contractors shall end-date ICD-10 dx N18.3 effective September 30, 2020</p> <p>See spreadsheet.</p>	X	X			X	X				
12027.9	<p>NCD 190.3: Cytogenetic Studies</p> <p>Contractors shall end-date ICD-10 dx D59.1, D72.1 effective September 30, 2020.</p> <p>Contractors shall add ICD-10 dx D59.11, D59.12, D59.13, D59.19, D72.110, D72.111, D72.118, D72.119, D72.12, D72.18, D72.19 to discretionary code list effective October 1, 2020.</p>	X	X			X					

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared-System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	See spreadsheet.									
12027.10	<p>NCD 210.6: Hepatitis B Virus (HBV) Screening</p> <p>Contractors shall add ICD-10 dx F11.13, F13.130, F13.131, F13.132, F14.13, F14.93, F15.13 effective October 1, 2020.</p> <p>Contractors shall delete ICD-10 dx F11.129, F11.159, F11.19, F11.229, F11.29, F11.99, F13.19, F13.29, F13.99, F14.19, F14.29, F14.99, F15.19, F15.29, F15.99 effective April 1, 2021.</p> <p>See spreadsheet.</p>	X	X			X	X			
12027.11	<p>NCD220.4 Mammograms</p> <p>Contractors shall add ICD-10 dx N61.21, N61.22, N61.23 effective October 1, 2020.</p> <p>See spreadsheet.</p>	X	X			X	X			
12027.12	<p>NCD220.6.17 PET for Solid Tumors</p> <p>Contractors shall ensure their installed edits include coverage for 'R' diagnosis codes as noted in CR10859 business requirements and spreadsheet history.</p> <p>Contractors shall add ICD-10 dx C79.51, C94.40, C94.41, C94.42, D47.Z2, D47.Z9, G13.0 effective April 1, 2021.</p> <p>See spreadsheet.</p>	X	X							
12027.13	<p>NCD 220.13: Percutaneous Image-Guided Breast Biopsy</p> <p>Contractors shall add ICD-10 dx N61.21, N61.22, N61.23 effective October 1, 2020.</p> <p>See spreadsheet.</p>	X	X			X	X			
12027.14	<p>NCD 260.1: Adult Liver Transplants</p> <p>Contractors shall end-date ICD-10 dx E70.8, K74.0 effective September 30, 2020.</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>Contractors shall add ICD-10 dx E70.81, E70.89, K74.01, K74.02 effective October 1, 2020.</p> <p>Contractors shall delete ICD-10 dx K71.9, K76.9 effective April 1, 2021.</p> <p>See spreadsheet.</p>										
12027.15	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X								
12027.16	<p>Contractors shall use default CAQH CORE messages where appropriate when denying claims associated with the attached NCDs, except where otherwise indicated: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update.</p> <p>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 ABN is on file).</p> <p>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 MSN 8.81 per instructions in CR 7228/TR 2148.</p>	X	X								
12027.17	Contractors shall ATTEND up to 2 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the April 2021 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued.	X	X			X	X				
12027.18	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.	X	X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
12027.19	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

#### IV. 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**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Pat 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: 13-** Refer to URL in Section B.