

<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 11083</b>	<b>Date: October 29, 2021</b>
	<b>Change Request 12482</b>

**SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) -- April 2022 (CR 2 of 2 for April 2022)**

**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.

**EFFECTIVE DATE: April 1, 2022 - Unless otherwise noted in individual requirements**

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

**IMPLEMENTATION DATE: December 2, 2021 - MACs; April 4, 2022 - 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: 11083	Date: October 29, 2021	Change Request: 12482
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**SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) -- April 2022 (CR 2 of 2 for April 2022)**

**EFFECTIVE DATE: April 1, 2022 - Unless otherwise noted in individual requirements**

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**IMPLEMENTATION DATE: December 2, 2021 - MACs; April 4, 2022 - Shared System Maintainers**

## 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/CR12482.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 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 not explicitly provided: 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								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12482.1	<p>NCD 160.27 TENS for Chronic Low Back Pain</p> <p>Contractors shall end-date any and all codes coverable by Medicare for NCD 160.27 effective for claims with dates of service on and after June 8, 2015, based off the June 8, 2012, NCD language that coverage would expire in 3 years.</p> <p>See attached spreadsheet.</p>				X					
12482.2	<p>NCD 190.1 Histocompatibility Testing</p> <p>Contractors shall add ICD-10 dx as coverable: M45.A1, M45.A2, M45.A3, M45.A4, M45.A5, M45.A6, M45.A7, M45.A8, M45.AB effective October 1, 2021.</p> <p>See attached spreadsheet.</p>	X	X			X	X			
12482.3	<p>NCD 190.3 Cytogenetic Studies</p> <p>Contractors shall add ICD-10 dx as coverable to discretionary edit: C79.63, C84.7A, D75.838 effective October 1, 2021.</p> <p>Contractors shall end-date ICD-10 unspecified dx: C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C95.90, C95.91, C95.92, C91.90, C91.91, C91.92, C92.90, C92.91,</p>	X	X			X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	C92.92, C93.90, C93.91, C93.92 effective April 1, 2022.  See attached spreadsheet.									
12482.4	NCD 190.5 Sweat Tests  Contractors shall add ICD-10 dx as coverable: P09.4 effective October 1, 2021.  Contractors shall end-date ICD-10 unspecified dx E84.9 effective April 1, 2022.  See attached spreadsheet.	X	X			X	X			
12482.5	NCD 210.2 Screening Pap Smears/Pelvic Examinations for Early Detection of Cervical/Vaginal Cancer  Contractors shall add ICD-10 dx as coverable: Z92.850, Z92.858, Z92.86 to Pap high risk and pelvic exams effective October 1, 2021.  See attached spreadsheet.	X	X						X	
12482.6	NCD 220.4 Mammograms  Contractors shall add ICD-10 dx as coverable: C84.7A effective October 1, 2021.  See attached spreadsheet.	X	X			X	X			
12482.7	NCD 220.6.17 PET for Solid Tumors  Contractors shall add ICD-10 dx as coverable: C56.3, C79.63, C84.7A effective October 1, 2021.  See attached spreadsheet.	X	X							
12482.8	NCD 220.13 Percutaneous Image-Guided Breast Biopsy	X	X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Contractors shall add ICD-10 dx as coverable: C84.7A effective October 1, 2021.  See attached spreadsheet.									
12482.9	NCD 260.9 Heart Transplants  Contractors shall add ICD-10 dx as coverable: I5A effective October 1, 2021.  See attached spreadsheet.	X	X			X	X			
12482.10	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							
12482.11	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. Group Code PR 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). Group Code CO 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.	X	X							
12482.12	Contractors shall ATTEND up to two 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the April 2022 release as they pertain to ICD-10 and NCDs. The scheduling	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	of the calls will occur after this CR has been issued IF NEEDED.									
12482.13	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			DME MAC	CEDI
		A	B	HHH		
12482.14	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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) , Wanda Belle, 410-786-1149 or wanda.belle@cms.hhs.gov (Coverage)

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

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS:-Refer to Section B**