

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11584	Date: August 31, 2022
	Change Request 12822

Transmittal 11545 dated August 5, 2022, is being rescinded and replaced by Transmittal 11584, dated, August 31, 2022 to (1) replace NCD 180.1 spreadsheet to align with BR 1 (wrong spreadsheet attached in error), (2) replace NCD 110.24 spreadsheet to align with BR 2 (revise CARVYKTI information), and, (3) extend implementation date for NCD 20.9.1, BR 3 to October 3, 2022. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2023 Update

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide 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: September 6, 2022 - as noted in individual business requirements

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

IMPLEMENTATION DATE: September 6, 2022 - BRs 1, 2 MAC ONLY; October 3, 2022 - BR 2.1, 3 MAC ONLY; January 3, 2023 - BRs 4, 5, 6, 7, 8, 9, 10 SSMs & MACs

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/revise 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

Pub. 100-20	Transmittal: 11584	Date: August 31, 2022	Change Request: 12822
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SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2023 Update

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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/CR12822.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								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12822.1	<p>NCD 180.1 Medical Nutrition Therapy (MNT)</p> <p>Contractors shall note removal of TOB 14X on line 12 of the spreadsheet effective January 1, 2023. (Effective April 1, 2006, TOB 14X was redefined and no longer valid for MNT.) See Pub. 100-04 Claims Processing Manual update in CR 12792. - no action necessary.</p> <p>Contractors shall note fixed error of TOB 32X to 34X on line 12 of spreadsheet to align with CR 12613 - no action necessary.</p> <p>See NCD spreadsheet.</p>	X								
12822.2	<p>NCD 110.24 Chimeric Antigen Receptor (CAR) T-Cell Therapy</p> <p>Contractors shall add ICD-10 dx codes for relapsed, refractory follicular lymphoma to Kymriah therapy effective FDA approval May 27, 2022: C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.41, C82.42, C82.43,</p>	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<p>C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89.</p> <p>See spreadsheet.</p>									
12822.2.1	<p>NCD 110.24 Chimeric Antigen Receptor (CAR) T-Cell Therapy</p> <p>Contractors shall add CARVYKTI therapy and corresponding multiple myeloma dx codes C90.00, C90.02 effective FDA approval February 28, 2022. New CARVYKTI HCPCS Q2056 effective October 1, 2022. Add ICD-10 PCS XW033A7/XW043A7. For Part A OPPS use HCPCS C9399 February 28, 2022 - June 30, 2022. Use HCPCS C9098 July 1, 2022 - September 30, 2022. Use HCPCS Q2056 October 1, 2022 forward. For Part B Physicians use: J3490, J3590, J9999 February 28, 2022 - September 30, 2022. Use HCPCS Q2056 October 1, 2022, forward.</p> <p>See spreadsheet.</p>	X	X							
12822.3	<p>NCD 20.9.1 Ventricular Assist Devices (VADs)</p> <p>Contractors shall end-date ICD-10 dx I34.8, I47.2 effective September 30, 2022.</p>	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 I34.81, I34.89, I47.20, I47.21, I47.29, I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.									
12822.4	NCD 20.20 External Counterpulsation Therapy (ECP) for Severe Angina Contractors shall add ICD-10 dx I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.		X			X	X			
12822.5	NCD 20.30 Microvolt T-Wave Alternans (MTWA) Contractors shall add ICD-10 dx I47.20, I47.21, I47.29 effective October 1, 2022. Contractors shall end-date ICD-10 dx I47.2 effective September 30, 2022. See attached spreadsheet.	X	X			X	X			
12822.6	NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Contractors shall add ICD-10 dx I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.	X	X			X	X			
12822.7	NCD 20.31.1 Intensive Cardiac Rehabilitation (ICR) Pritkin Program	X	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 I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.									
12822.8	NCD 20.31.2 Intensive Cardiac Rehabilitation (ICR) Ornish Program Contractors shall add ICD-10 dx I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.	X	X			X	X			
12822.9	NCD 20.31.3 Intensive Cardiac Rehabilitation (ICR) Benson-Henry Program Contractors shall add ICD-10 dx I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792 effective October 1, 2022. See attached spreadsheet.	X	X			X	X			
12822.10	NCD 30.3.3 Acupuncture for Chronic Low Back Pain Contractors shall add ICD-10 dx M51.A1, M51.A2, M51.A4, M51.A5 effective October 1, 2022. See attached spreadsheet.	X	X			X	X			
12822.11	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12822.12	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, 410-786-7491 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):

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: Refer to Section B.