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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 11884 | Date: March 1, 2023 |
| | Change Request 13070 |

Transmittal 11832 issued February 02, 2023, is being rescinded and replaced by Transmittal 11884, dated, March 1, 2023 to (1) Business Requirement (BR) 13070.4, NCD 150.3 - delete three non-covered CPT codes added in error and remove reference to ALERT M38; (2) BR 13070.1, NCD 20.4 - clarify that C codes are only payable in the ASC setting; and (3) NCD 220.13 spreadsheet - correct effective date of MSN 21.11 to December 31, 2022 to align with BR 13070.7. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 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: July 1, 2023 - Unless otherwise stated in individual business requirements

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

IMPLEMENTATION DATE: March 3, 2023 - MAC local edits; July 3, 2023 - 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.

| 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: 11884 | Date: March 1, 2023 | Change Request: 13070 |
|-------------|--------------------|---------------------|-----------------------|

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EFFECTIVE DATE: July 1, 2023 - Unless otherwise stated in individual business requirements
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IMPLEMENTATION DATE: March 3, 2023 - MAC local edits; July 3, 2023 - Shared System Maintainers

I. GENERAL INFORMATION

A. Background: 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.

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/CR13070.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 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 | |
| 13070.1 | <p>NCD 20.4 Implantable Cardiac Defibrillators (ICDs)</p> <p>Contractors shall add the following 4 HCPCS codes under Group 2 as payable for this policy in the ASC setting: C7537, C7538, C7539, C7540, effective January 1, 2023.</p> <p>See attached spreadsheet.</p> | X | X | | | X | X | | | |
| 13070.2 | <p>NCD 20.7 Percutaneous Transluminal Angioplasty (PTA)</p> <p>Contractors shall be aware of the descriptor change for CPT code 37799 effective January 1, 2023.</p> <p>See attached spreadsheet.</p> | X | X | | | | | | | |
| 13070.3 | <p>NCD 20.20 External Counterpulsation Therapy</p> <p>Contractors shall end-date the following CPT codes: 99217, 99218, 99219, 99220, 99241, effective December 31, 2022.</p> <p>Contractors shall note descriptor changes for CPT codes 99242, 99243, 99244, 99245, effective January 1,</p> | X | X | | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | 2023. See attached spreadsheet. | | | | | | | | | |
| 13070.4 | NCD 150.3 Bone Density Studies Contractors shall remove T codes 0554T, 0555T, 0556T, 0557T, 0558T, added in error, effective retroactive to July 1, 2019. See attached spreadsheet. | X | X | | | | | | X | |
| 13070.5 | NCD 150.10 Lumbar Artificial Disc Replacement (LADR) Contractors shall end-date T code 0163T for this policy effective December 31, 2022. Contractors shall add as covered for this policy CPT code 22860 effective January 1, 2023. See attached spreadsheet. | | X | | | | | | | |
| 13070.6 | NCD 210.1 Prostate Cancer Screening Contractors shall add CPT code 0359U as covered for this policy effective January 1, 2023. See attached spreadsheet. | X | X | | | | X | | X | |
| 13070.7 | NCD 220.13 Percutaneous Image-Guided Breast Biopsy Contractors shall add CPT codes C7501, C7502 as coverable for this policy in the ASC setting only effective January 1, 2023. Remove MSN 21.11 effective 12/31/22. | | X | | | | X | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | Add MSN 15.20 effective 1/1/23. See attached spreadsheet. | | | | | | | | | |
| 13070.8 | Contractors shall adjust any claims that are brought to their attention that were processed in error. | X | X | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---------|---|----------------|---|-----|------------|------|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| 13070.9 | 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)

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.