

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12904	Date: October 24, 2024
	Change Request 13828

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—April 2025 (CR 2 of 2)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed as a result of these updates.

EFFECTIVE DATE: April 1, 2025 - See individual BRs

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

IMPLEMENTATION DATE: November 26, 2024 - BRs 2,4,5,7 November 26, 2024; April 7, 2025 - BRs 1, 3, 6

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

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SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—April 2025 (CR 2 of 2)

EFFECTIVE DATE: April 1, 2025 - See individual BRs

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed as a result of these updates.

II. 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/CR13828.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.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

N u m b e r	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainer s				O t h e r
		A	B	H H H		F I S S	M C S	V M S	C W F	
13828.1	<p>NCD 190.11 PT/INR for Anticoagulation Management</p> <p>Contractors shall be aware of revised descriptor for ICD-10 dx I26.93 and I26.94 effective October 1, 2024.</p> <p>Contractors shall add ICD-10 dx I26.03 and I26.95 effective October 1, 2024.</p> <p>See attached spreadsheet</p>	X	X			X	X			
13828.2	<p>NCD 200.3 Monoclonal Antibodies</p> <p>Contractors shall add J0175 Injection, donanemab-azbt, 2mg for KISUNLA™ effective FDA approval date of July 2, 2024.</p> <p>See attached spreadsheet.</p>	X	X							

Number	Requirement	Responsibility									
		A/B MAC			DME	Shared-System Maintainers				Other	
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F
1388.3	<p>NCD 210.3 Colorectal Cancer</p> <p>Contractors shall end date ICD-10 dx Z86.010 effective September 30, 2024.</p> <p>Contractors shall add ICD-10 dx Z83.72, Z86.0100, Z86.0101, Z86.0102, and Z86.0109 effective October 1, 2024.</p> <p>See attached spreadsheet.</p>	X	X				X	X			
1388.4	<p>NCD 220.6.17 PET for Solid Tumors</p> <p>Contractors shall add ICD-10 dx C81.0A , C81.1A , C81.2A , C81.3A , C81.4A , C81.7A , C81.9A , C82.0A , C82.1A , C82.2A , C82.3A , C82.4A , C82.5A , C82.6A , C82.8A , C82.9A , C83.0A , C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.9A, C84.AA , C84.ZA , C85.1A , C85.2A , C85.8A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91 effective October 1, 2024.</p> <p>Contractors shall end-date ICD-10 dx C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8, C88.9 effective September 30, 2024.</p> <p>See attached spreadsheet</p>	X	X								
1388.5	<p>NCD 230.18 Sacral Nerve Stimulation</p> <p>Contractors shall add ICD-10 dx T85.111A, T85.113A, T85.121A, T85.193A, T85.840A, Z45.42 effective January 1, 2024.</p> <p>See attached spreadsheet.</p>	X	X								
1388.6	<p>NCD 260.9 Heart Transplants</p> <p>Contractors shall end-date ICD-10 dx Q23.8 effective September 30, 2024.</p>	X	X				X	X			

Number	Requirement	Responsibility									
		A/B MAC			DME	Shared-System Maintainers				Other	
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F		
	Contractors shall add ICD-10 dx Q23.81, Q23.82, and Q23.88 effective October 1, 2024. See attached spreadsheet.										
13828.7	NCD 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds Contractors shall add Part B POS codes 12 and 31 to policy effective January 1, 2024. See attached spreadsheet.		X								
13828.8	Contractors shall not search for claims but may adjust claims that are brought to their attention.	X	X								

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. 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:
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Section B: All other recommendations and supporting information:N/A

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: Refer to Section B.