CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13910	**Date: August 14, 2026**
	Change Request 14464

Transmittal 13752 issued May 26, 2026, is being rescinded and replaced by Transmittal 13910, dated August 14, 2026, to remove business requirement 14464.5, NCD 250.4 Treatment of Actinic Keratosis from the change request. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- October 2026

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 NCDs. No policy is being changed as a result of these updates.

EFFECTIVE DATE: October 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 5, 2026

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: 13910	Date: August 14, 2026	Change Request: 14464

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SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- October 2026

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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 NCDs. No policy is being changed as a result of these updates.

II. GENERAL INFORMATION

A. Background: The purpose of this 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/determination-process/basics/icd-10 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 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/files/zip/Medicare-Coverage-DeterminationProcess-CR14464.zip

In the event that this hyperlink does not function properly, use the Alternative Access to the NCD Files attachment, which can be found below.

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.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14464.1	NCD 220.6.1 PET for Perfusion of the Heart Contractors shall modify the existing edits to make the edits overridable, effective April 1, 2025.					X				
14464.1.1	NCD 220.6.1 PET for Perfusion of the Heart Contractors shall create an parmater screen (PARM) that can be updated by the MACs to house tracer codes and read the PARM instead of the listing of tracer codes in Reason Code 32438. The PARM should include the tracer HCPCS codes, effective date, term date, and comments that allow room for TDL or CR that instructed MACs to add a tracer to the listing.	X				X				
14464.1.1.1	NCD 220.6.1 PET for Perfusion of the Heart					X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Contractors shall load the PARM with historical tracer information from Reason Code 32438 with this CR in comments and add HCPCS codes A9598 with an effective date of 1/1/2018 and A9611 with an effective date 04/01/2025 with this CR in comments.									
14464.1.1.2	NCD 220.6.1 PET for Perfusion of the Heart Contractors shall add CPT codes 78430-78434 into the edit logic for reason code 32438.					X				
14464.1.2	NCD 220.6.1 PET for Perfusion of the Heart Contractors shall create a PARM that can be updated by the MAC to house tracer codes and read the PARM instead of the listing of tracer codes in Reason Code 32440. The PARM should include the tracer HCPCS, effective date, term date, and comments that allow room for TDL or CR that instruct MACs to add a tracer to the listing.	X				X				
14464.1.2.1	NCD 220.6.1 PET for Perfusion of the Heart Contractors shall load the PARM with historical tracer information from Reason Code 32440 with this CR in comments.					X				
14464.2	NCD 150.3 Bone (Mineral) Density Studies Contractors shall add Current Procedural Terminology (CPT) codes	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	0554T, 0555T, 0556T, 0557T and 0558T as payable, effective January 1, 2024. **NOTE:** These codes are not being added for monitoring, but only for diagnostic indications.									
14464.2.1	NCD 150.3 Bone (Mineral) Density Studies Contractors shall waive co-insurance and deductible for bone (mineral) density studies for CPT codes 0554T - 0558T, effective January 1, 2024.	X	X			X				IOCE
14464.2.2	NCD 150.3 Bone (Mineral) Density Studies Contractors shall update current frequency edits to add CPT codes 0554T, 0555T, 0556T, 0557T and 0558T, effective January 1, 2024. **NOTE:** These codes are not being added for monitoring, but only for diagnostic indications.								X	
14464.2.3	NCD 150.3 Bone (Mineral) Density Studies Contractors shall display Bone Density Service Next Elg Date on MBD/NGD extract and provider query screen HUQA for CPT codes 0554T, 0555T,					X			X	MBD, NGD

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	0556T, 0557T, and 0558T.									
14464.2.4	NCD 150.3 Bone (Mineral) Density Studies Contractors shall participate in the integration testing of NCD 150.3.					X			X	
14464.3	NCD 20.4 Implantable Cardioverter Defibrillation Contractors shall update current editing to add ICD-10 PCS codes 02HM3KZ, X2HM3GB, and X2HV3GB as a covered procedure, effective April 1, 2026. See attached spreadsheet.	X				X				
14464.4	NCD 110.23 Stem Cell Transplant Contractors shall update current editing to allow Type of Bill (TOB) 13X to allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS).	X				X				
14464.4.1	Contractors shall modify current editing not to assign on TOB 13X.					X				
14464.4.1.1	Contractors shall line-level deny HSCT services when not submitted on 13X TOB.	X				X				
14464.5	This requirement has been deleted.		X				X			
14464.6	NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis Contractors shall add HCPCS code J9278 to the	X			X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	list of chemotherapeutic drugs covered, effective April 1, 2026. See attached spreadsheet.									
14464.7	NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis Contractors shall terminate HCPCS code C9308, effective March 31, 2026. See attached spreadsheet.	X								
14464.8	NCD 110.24 CAR-T Contractors shall add ICD-10-CM diagnosis code C88.40: Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission as covered under HCPCS Q2054 (Breyanzi) effective FDA approval date of December 4, 2025. See attached spreadsheet	X	X							
14464.9	NCD 90.2 NGS Contractors shall add CPT code 0648U effective July 1, 2026, for Oncomine Dx Express Test See attached spreadsheet	X	X							
14464.10	Contractors shall not search for any claims, but shall adjust claims brought to their attention.	X	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 B, A/B MAC Part A

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
14464.4.1	59140 59141
14464.1	32438 and 32440
14464.2.2	5805
14464.5	017L

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.

Alternative Access to the NCD Files

Use the access link below in the event that the hyperlink in the body of the original CR is not operating
Properly.

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:
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