CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1975	Date: November 9, 2017
	Change Request 10318

#### **SUBJECT: ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)**

**I. SUMMARY OF CHANGES:** This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (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, long-standing NCD process.

#### EFFECTIVE DATE: April 1, 2018 - Unless otherwise noted in requirements

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

IMPLEMENTATION DATE: December 29, 2017 for local MAC edits; April 2, 2018 - for shared system edits (except FISS exception for requirements 1, 8, 12, 19, 21); July 2, 2018 - FISS only for requirements 1, 8, 12, 19, 21

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: 1975 Date: November 9, 2017 Change Request: 10318

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EFFECTIVE DATE: April 1, 2018 - Unless otherwise noted in requirements

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IMPLEMENTATION DATE: December 29, 2017 for local MAC edits; April 2, 2018 - for shared system edits (except FISS exception for requirements 1, 8, 12, 19, 21); July 2, 2018 - FISS only for requirements 1, 8, 12, 19, 21

#### I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (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.

**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/CR10318.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. 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**: Part A and Part B MACs (A/B MACs) 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.

N	D	Responsibility									
Number	Requirement						CI	1		0.1	
			A/B MA(		D M		Sha			Other	
		ľ	VIA	_	E		Sys aint				
		A B		Н		F		V			
		71		Н	M		C				
				Н	Α		S	S	F		
					C	S					
10318.1	NCD20.9 Artificial Hearts:	X	X			X	X				
	Contractors shall:										
	<b>ADD</b> for ICD-10 dx I50.814, I50.82, I50.84 effective October 1, 2017.										
	<b>END-DATE</b> ICD-9 dx V70.7 effective September 30, 2015.										
	The Fiscal Intermediary Standard System (FISS) shall <b>DELETE</b> non-National Coverage Determination (NCD) reason codes (RCs) and create new 59XXX NCD RCs to replace them.										
	END-DATE HCPCS 0051T, 0052T, 0053T effective December 31, 2017.										
	Add CPT 33927, 33928, 33929 as replacements effective January 1, 2018.										
	See spreadsheet.										
10318.2	NCD20.9.1 Ventricular Assist Devices (VADs):	X									
	Contractors shall:										
	<b>Add</b> ICD-10 dx I50.84 effective October 1, 2017.										
	See spreadsheet										

Number	Requirement	Responsibility								
	•		A/E	3	D		Sha	red-		Other
		N	MΑ	C	M		Sys	tem		
					Е	M	aint	aine	ers	
		Α	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10318.3	NCD20.16 Cardiac Output Monitoring by	X	X			X	X			
	Thoracic Electrical Bioimpedence (TEB):									
	Contractors shall:									
	<b>End-date</b> ICD-10 dx I27.2 effective September 30, 2017.									
	Add ICD-10 dx I27.20, I27.21, I27.22, I27.23, I27.24, I27.29, I27.83 and R06.03 to the Covered dx list effective October 1, 2017.									
	See spreadsheet									
10318.4	NCD20.29 Hyperbaric Oxygen (HBO)	X	X			X	X			
	Therapy:  Contractors shall:  Add non-pressure chronic ulcer ICD-10 dx to Group 2 codes: L97.115, L97.116, L97.118, L97.125, L97.126, L97.128, L97.215, L97.216, L97.218, L97.225, L97.226, L97.228, L97.315, L97.316, L97.318 L97.325, L97.326, L97.328, L97.415, L97.416, L97.418, L97.425, L97.426, L97.428, L97.515, L97.516, L97.518, L97.525, L97.526, L97.528 L97.815, L97.816, L97.818, L97.825, L97.826, L97.828 effective October 1, 2017 (there are no '7' series codes)  Note: Effective 4/3/17, section C, non-coverage of topical oxygen, is removed from NCD20.29, HBO, to allow MAC discretion. See implementing CR10220 (CR10220 does not impact existing edits in NCD20.29).  See spreadsheet									
10318.5	NCD20.30 Microvolt T-Wave Alternans (MTWA):  Contractors shall:	X	X			X	X			
	Contractors snam.									

Number	Requirement	Responsibility								
1100000	Requirement		A/B		D	•	Sha	red-		Other
		N	/IA	$\mathbb{C}$	M		Sys	tem		
					Е	M		aine		
		A	В	Н	3.4	F				
				Н	M	_	C		W	
				Н	A C	S S	S	S	F	
	Add ICD-10 dx I21.A1 effective October 1, 2017.					S.				
	End-date Z98.89 effective September 30, 2016.									
	See spreadsheet									
10318.6	NCD20.33 Transcatheter Mitral Valve Repair (TMVR):	X	X			X				
	Contractors shall:									
	Add ICD-10 PCS 02WG37Z, 02WG38Z, 02WG3JZ, 02WG3KZ effective October 1, 2017.									
	FISS shall <b>add</b> 02UG3KZ effective October 1, 2016.									
	Delete RARC M51 from line 14, delete CARC 96, add CARC 58, delete RARC N386 replace with M51 for line 16 to align with CORE requirements.									
	See spreadsheet									
10318.7	NCD40.1 Diabetes Self-Management Training (DSMT):	X	X			X	X			
	Contractors shall:									
	Delete ketoacidosis-related ICD-10 dx: E08.10,E09.10, E10.10, E13.10 effective October 1, 2015 (these patients are cared for in an inpatient setting and DSMT is conducted on an outpatient basis).									
	See spreadsheet									
10318.8	NCD80.2, 80.2.1, 80.3, 80.3.1 OPT Verteporfin	X	X			X				
	Contractors shall:									
	Add ICD-10 dx H44.2A1, H44.2A2, H44.2A3, H44.2B1, H44.2B2, H44.2B3, H44.2C1, H44.2C2, H44.2C3, H44.2D1, H44.2D2, H44.2D3, H44.2E1, H44.2E2, H44.2E3 to									

Number	Requirement	Responsibility								
Number	Requirement	1	A/B		D	r e	Cha	rad		Other
			MA(		M	Shared- System				Oulei
		1	V17 1V	_	E		•	aine		
		A	В	Н		F	M		1	
		A	D	Н	M		$\begin{array}{ c c }\hline M \\ C \end{array}$		W	
				Н	A	S	S	S	F	
				11	C	S	3	3	1,	
	Discretionary dx code list effective October 1, 2017.					3				
	FISS shall create discretionary RCs for inpatient edits 59190/59191.									
	See spreadsheet									
10318.9	NCD110.18 Aprepitant:	X			X					
	Contractors shall:									
	End-date ICD-10 dx C96.2, D47.0 effective September 30, 2017.									
	<b>Add</b> ICD-10 dx C96.21, C96.22, D47.01, D47.02, D47.09 effective October 1, 2017.									
	<b>Delete</b> ICD-10 dx C00.2, C00.9, C02.9, C03.9, C04.9, C05.9, C06.9, C09.9, C10.9, C11.9, C13.9, C15.9, C16.9, C18.9, C25.9, C38.3, C41.9, C49.9, C4A.9, C57.9, C60.9, C69.91,									
	C62.92, C77.9, C81.00, C81.10, C81.20, C81.30, C81.40, C81.70, C82.00, C82.10, C82.20, C82.30, C82.40, C82.50, C82.60, C82.80, C82.90, C83.00, C83.10, C83.30,									
	C83.50, C83.70, C83.80, C83.90, C84.00, C84.10, C84.40, C84.60, C84.70, C84.90, C84.A0, C84.Z0, C85.10, C85.20, C85.90, D03.9 unspecified codes effective October 1, 2015.									
	<b>Remove</b> ICD-9 dx and duplicate codes.									
	See spreadsheet									
10318.10	NCD110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer:	X	X				X			
	Contractors shall:									
	<b>Add</b> ICD-10 dx D46.1, D51.0, D60.0, D60.1, D60.8, D60.9, D61.0, D61.1, D61.2, D61.3, D61.01, D61.09, D61.81, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D64.0, D64.1,									

Number	Requirement	Responsibility								
	•		A/B		D	Shared-				Other
		N	MA(	$\mathbb{C}$	M		_	tem		
		_		TT	Е			aine		
		A	В	H H	M	F I	M C		C W	
				Н	A	S	S	S	F	
					C	S				
	D64.2, D64.3, D64.9, D63.8, D63.0, D63.1, D73.1, E53.1, T45.1X5A to non-covered dx list effective January 1, 2017.									
	See spreadsheet									
10318.11	NCD110.23 Stem Cell Transplants:	X	X							
	Contractors shall:									
	End-date ICD-10 dx C96.2 and E85.8 effective September 30, 2017.									
	<b>Add</b> ICD-10 dx C96.20, C96.21, C96.22, C96.29, E85.81, E85.89 effective October 1,2017.									
	See spreadsheet									
10318.12	NCD160.27 TENS for Chronic Low Back Pain (CLBP):	X			X	X				
	Contractors shall:									
	<b>End-date</b> M48.06 effective September 30, 2017.									
	<b>Add</b> ICD-10 dx M48.061, M48.062 effective October 1, 2017.									
	<b>Delete</b> ICD-10 dx M54.30, M54.40 NOC effective October 1, 2015.									
	<b>End-date</b> ICD-9 codes effective September 30, 2015.									
	FISS shall end-date all non-NCD RCs and replace with 59XXX RCs.									
	See spreadsheet									
10318.13	NCD190.3 Cytogenetic Studies:	X	X			X				
	Contractors shall:									
	<b>Add</b> ICD-10 dx C96.21, C96.22, C96.29, D47.01, D47.02 to discretionary dx list effective									

A/B   MAC   M   Shared-System   H   M   M   I   C   M   M   H   A   S   S   S   S   I	Responsibility								
October 1, 2017.   End-date ICD-10 C96.2, D47.0 effective September 30, 2017.   See spreadsheet.   NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:   Contractors shall:   Add ICD-10 dx I27.24 effective October 1, 2017.   E Maintainers   F M V V M V M H H A S S S S S I	Other								
A B H H M I C M N O C S S S S I C C S S S S I C C S S S S I C C S S S S									
October 1, 2017.  End-date ICD-10 C96.2, D47.0 effective September 30, 2017.  See spreadsheet.  NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.									
October 1, 2017.  End-date ICD-10 C96.2, D47.0 effective September 30, 2017.  See spreadsheet.  NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.									
October 1, 2017.  End-date ICD-10 C96.2, D47.0 effective September 30, 2017.  See spreadsheet.  NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.	ſ								
See spreadsheet.  10318.14  NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.									
10318.14  NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.									
Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:  Contractors shall:  Add ICD-10 dx I27.24 effective October 1, 2017.									
Add ICD-10 dx I27.24 effective October 1, 2017.									
2017.									
Delete ICD-10 dx I48.91 effective 9/30/15.									
See spreadsheet									
10318.15 NCD220.4 Mammograms: X X X X X									
Contractors shall:									
Add ICD-10 dx N63.11-N63.14, N63.21- N63.24, N63.31, N63.32, N63.41, N63.42 effective October 1, 2017.									
End-date HCPCS G0202, G0204, G0206 effective December 31, 2017.									
End-date ICD-10 dx N63 effective September 30, 2017									
Add CPT replacements 77065, 77066, 77067 effective January 1, 2018.									
See spreadsheet									
10318.16 NCD220.6.17 PET for Solid Tumors: X X									
Contractors shall:									
End-date ICD-10 dx C96.2 effective September 30, 2017.									

Number	Requirement	Responsibility								
			A/B		D		Sha	red-		Other
			ИA		M		Sys	tem		
					Е		•	aine		
		Α	В	Н		F	M	V	С	
				Н	M		C			
				Н	A	S	S	S	F	
					C	S				
	<b>End-date</b> ICD-10 dx R93.429 effective September 30, 2015.									
	Add ICD-10 dx R91.8, R92.8, R93.0, R93.2, R93.3, R93.4, R93.5, R93.41, R93.49, R93.421, R93.422, R94.02, Z85.01, Z85.038, Z85.048, Z85.118, Z85.12, Z85.21, Z85.22, Z85.3, Z85.43, Z85.79, Z85.10, Z85.818, Z85.820, Z85.828, Z85.830, Z85.850 effective October 1, 2017.									
	See spreadsheet									
10318.17	NCD260.1 Adult Liver Transplantation:	X	X			X	X			
	Contractors shall:									
	<b>End-date</b> ICD-10 dx E85.8 from covered dx list effective September 30, 2017									
	<b>Add</b> ICD-10 dx E85.89 to covered dx list effective October 1, 2017.									
	<b>Delete</b> ICD-10 NOC dx E85.9 effective October 1. 2015.									
	<b>Delete</b> ICD-10 PCS 0FY00Z2 effective October 1, 2015.									
	See spreadsheet									
10318.18	NCD220.13 Percutaneous Image-Guided Breast Biopsy:	X	X			X	X			
	Contractors shall:									
	<b>Add</b> ICD-10 dx N63.11, N63.12, N63.13, N63.14, N63.21, N63.22, N63.23, N63.24, N63.31, N63.32, N63.41, N63.42 effective October 1, 2017.									
	Delete CPT 10022 from any shared edits (see CR9540).									
	End-date ICD-10 dx N63 effective September 30, 2017.									
		<u> </u>	l		l		l			

Number	Requirement	Re	esno	nsi						
			A/B MA(	3	D M E		Sys	red- tem		Other
		A	В	H H H	M A C	-	M C S	V M S	C W F	
	See spreadsheet					~				
10318.19	NCD270.1 Electrical Stimulation/Electromagnetic Therapy (ES/ET) for Wounds:	X	X			X	X			
	Add ICD-10 non-pressure chronic ulcer dx L97.115, L97.116, L97.118, L97.125, L97.126, L97.128, L97.215, L97.216, L97.218, L97.225, L97.226, L97.228, L97.315, L97.316, L97.318, L97.325, L97.326, L97.328, L97.415, L97.416, L97.418, L97.425, L97.426, L97.428, L97.515, L97.516, L97.518, L97.525, L97.526, L97.528, L97.815, L97.816, L97.818, L97.825, L97.826, L97.828, L98.415, L98.416, L98.418, L98.425, L98.426, L98.428, L98.495, L98.496, L98.498 effective October 1, 2017.									
	See spreadsheet									
10318.20	NCD270.3 Blood-Derived Products for Chronic Non-Healing Wounds:  Contractors shall:	X	X				X			
	<b>Add</b> ICD-10 dx L97.115-118, L97.125-128, L97.215-218, L97.225-228, L97.315-318, L97.325-328, L97.415-418, L97.425-428, L98.415-418, L98.425-428 effective October 1, 2017									
	<b>Delete</b> ICD-10 dx NOC I83.001-009, I83.201-209, I87.019, I87.039, I87.319, I87.339, L97.101-109, L97.201-209, L97.301-309, L97.401-409, L97.501-509, L97.801-809, L97.901-909, L98.491-499, L89.000-009, L89.100-109, L89.200-209, L98.300-309, L89.500-509, L89.600-609, L89.890-L89.895, L98.491-499 (Group 2 only) effective October 1, 2015.									
	Delete CARC C16, RARC MA130, M16 from lines 7, 8, 9 of spreadsheet to align with CORE requirements.									

Number	Requirement	Re	espo	nsi	bilit	y				
			A/B ИА(	3	D M E		Sha Sys	tem		Other
		A	В	H H H	M A C	F	M C S	V	С	
	Delete ICD-10 dx effective October 1, 2017: I83.015,I83.018,I83.019,I83.025,I82.028,I83.029 ,I83.215,I83.218,I86.219,I83.225,I83.228,I83.22 9,L89.40,L89.019,L89.029,L89.119,L89.129,L8 9.139,L89.149,L89.159,L89.229,L89.319,L89.32 9,L89.519,L89.529,L89.619,L89.629,L89.819,L 97.119,L97.129, L97.219,L97.229,L97.319,L97.329,L97.419,L97 .429, L97.511-L97.924. L97.519, L97.529, L97.819,L97.829,L97.919,L97.929,L98.419,L98 .429  See spreadsheet									
10318.21	NCD80.11 Vitrectomy:	X	X			X	X			
	Delete the following ICD-10 dx due to them being either redundant or inappropriate: E08.3511, E08.3512, E08.3513, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.3511, E09.3512, E09.3513, E09.3551, E09.3551, E09.3552, E09.3553, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E10.3511, E10.3512, E10.3513, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E11.3511, E11.3512, E11.3513, E11.3551, E11.3552, E11.3553, E11.3513, E11.3551, E11.3552, E11.3553, E13.3591, E13.3592, E13.3551, E13.3552, E13.3553, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, H35.051, H35.052, H35.053, H35.21, H35.22, H35.23, A18.53, H30.91, H30.92, H30.93, H30.101, H30.102, H30.103, H30.131, H30.132, H30.133, H30.891, H30.892, H30.893, H16.241, H16.242, H16.243, H40.89, H40.831, H40.832, H40.833, H44.131, H44.132, H44.133, Z98.83, A18.54, H20.11, H20.12, H20.13, H20.21, H20.22, H20.23, E08.36, E09.36, E10.36, E11.36, E13.36, H25.011, H25.012, H25.013, H25.031, H25.032, H25.033, H25.041, H25.042, H25.043, H25.091, H25.092, H25.093, H25.11, H25.12, H25.13, H25.21, H25.22, H25.23, H25.811, H25.812, H25.813, H25.89, H25.9, H26.001, H26.002, H26.003, H26.031, H26.032 effective September 30, 2017									

Number	Requirement	Re	espo	nsi						
			A/E	3	D M		Sys	red- tem		Other
		A	В	H H H	E M A C	F I S S	M		C W F	
	(cont)									
10318.21.1	NCD80.11 Vitrectomy	X	X			X	X			
	Delete the following ICD-10 dx H26.033, H26.061, H26.062, H26.063, H26.09, H26.101, H26.102, H26.103, H26.111, H26.112, H26.113, H26.121, H26.122, H26.123, H26.131, H26.132, H26.133, H26.221, H26.222, H26.223, H26.31, H26.43, H26.491, H26.491, H26.492, H26.493, H26.41, H27.01, H27.10, H27.111, H27.112, H27.113, H27.131, H27.132, H27.133, H59.011, H59.012, H59.013, H59.021, H59.022, H59.023, H59.091, H59.092, H51.093, T85.21xA, T85.22xA, T85.29xA, Z98.41, Z98.42, H20.821, H20.822, H20.823, H30.811, H30.812, H30.813, H31.301, H31.302, H31.303, H31.401, H31.402, H31.403, H31.411, H31.412, H31.413, H59.811, H59.812, H59.813, S05.21xA, S05.52xA, S05.61xA, S05.62xA, S05.71xA, S05.72xA, S05.8x1A, S05.8x2A, S05.91xA, S05.92xA, H34.8110, H34.8121, H34.8120, H34.8121, H34.8122, H33.001, H33.002, H33.003, H33.011, H33.012, H33.002, H33.003, H33.011, H33.012, H33.002, H33.003, H33.011, H33.012, H33.031, H33.032, H33.033, H33.041, H33.042, H33.043, H33.051, H33.052, H33.053, H33.053, H33.011 effective September 30, 2017 (cont)									
10318.21.2	NCD80.11 Vitrectomy  Contractors shall:	X	X			X	X			
	Delete the following ICD-10 dx H33.102, H33.103, H33.111, H33.112, H33.113, H33.191, H33.192, H33.193, H33.21, H33.22, H33.23, H33.301, H33.302, H33.303, H33.311, H33.312, H33.313, H33.331, H33.332, H33.333, H33.8, H43.311, H43.312, H43.313,									

Number	Requirement	Re	espo	nsi	bilit	Z <b>V</b>								
						Other								
		MAC			AC M System									
							E		Е	Maintainers				
		A	В			F	M		C					
				Н		_	C		W					
				Н	C	S S	S	S	F					
	H43.821, H43.822, H43.823, H33.321, H33.322, H33.323, H35.341, H35.342, H35.343, H35.361, H35.362, H35.363, H35.371,													
	H35.372, H35.373, H35.021, H35.022, H35.023, H35.061, H35.062, H35.063,													
	H35.071, H35.072, H35.073, H35.101, H35.102, H35.103, H35.51, H35.61, H35.62, H35.63, H43.11, H43.12, H43.13, H43.21,													
	H43.22, H43.23, H43.391, H43.392, H43.393, H43.811, H43.812, H43.813, H43.89, H43.9,													
	H44.311, H44.312, H44.313, H44.321, H44.322, H44.323, H44.601, H44.602, H44.603, H44.641, H44.642, H44.643, H44.651,													
	H44.652, H44.653, H44.691, H44.692, H44.693, H44.701, H44.702, H44.703, H44.741,													
	H44.742, H44.743, H44.751, H44.752, H44.753, H44.791, H44.792, H44.793, H35.30, H35.81, H50.032, H50.033, F11.30													
	H35.81, H59.031, H59.032, H59.033, E11.39, H59.88, H59.89, Q12.0, Q12.1, Q12.2, Q12.3, Q12.4, Q12.8, Q12.9, Q14.0, Q14.1 effective													
	September 30, 2017.													
	See attached spreadsheet													
10318.22	Contractors shall use default CAQH CORE messages where appropriate: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update. When denying claims associated with the attached NCDs, except where otherwise	X	X											
	indicated.													
10318.22.1	A/B MACs shall use:	X	X											
	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 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 MSN 8.81 per instructions in CR													
	7228/TR 2148.													

Number	Requirement	Responsibility										
			A/B MAC				D M E	Shared- System Maintainers				Other
		A	В	H H H		F I S S	M C S	V M S	C W F			
	NOTE: This replicates the note under the Policy section.											
10318.23	Contractors shall attend up to three (3) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the July 2018 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued in final.	X	X			X	X		X			
10318.24	Contractors shall adjust any claims that are brought to their attention that were processed in error for any of the NCDs included in this CR.	X	X		X							

## III. PROVIDER EDUCATION TABLE

Number	Requirement		nsib	sibility			
				A/B MAC			
		A	В	H H H	M A C	I	
10318.25	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X	X	

## IV. SUPPORTING INFORMATION

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

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** 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: 21 (Refer to GENERAL INFORMATION Section I. B. Policy)**