



## **International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)**

MLN Matters Number: MM11229

Related CR Release Date: May 3, 2019

Related CR Transmittal Number: R2298OTN

Related Change Request (CR) Number:  
11229

Effective Date: October 1, 2019

Implementation Date: October 7, 2019 -  
MAC local edits 60 days from issuance

### **PROVIDER TYPE AFFECTED**

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This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### **PROVIDER ACTION NEEDED**

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CR 11229 constitutes a maintenance update of International Classification of Diseases, 10th 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. Make sure your billing staffs are aware of these changes.

### **BACKGROUND**

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Previous NCD coding changes appear in ICD-10 quarterly updates that are available at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new NCD policy.

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. The translations from ICD-9 to ICD-10 are not consistent one-to-one matches, nor are all ICD10 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 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.

CR 11229 makes changes to the following ICD-10 codes:

- NCD110.18 - Aprepitant
- NCD220.13 - Percutaneous Image-Guided Breast Biopsy
- NCD20.31 - Intensive Cardiac Rehabilitation (ICR) Programs
- NCD20.31.1 - ICR Pritkin Program
- NCD20.31.2 - ICR Ornish Program
- NCD20.31.3 - ICR Benson-Henry Program
- NCD150.3 - Bone (Mineral) Density Studies

Find the the NCD spreadsheets included with this CR at

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11229.zip>

When denying claims associated with the above NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- 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 that 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.

Note: MACs will adjust any claims processed in error associated with CR 11134 that are brought to their attention.

## ADDITIONAL INFORMATION

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The official instruction, CR11229, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2298OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

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Date of Change	Description
May 7, 2019	Initial article released.

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