



International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)

MLN Matters Number: MM10859 **Revised**

Related CR Number: 10859

Related CR Release Date: November 8, 2018

Effective Date: January 1, 2019

Related CR Transmittal Number: R2200OTN

Implementation Date: January 7, 2019, shared edits. September 28, 2018, local edits (See following note box for further implementation information.)

Note: This article was revised on November 9, 2018, to reflect a revised CR10859 issued on November 8. The CR was revised to (1) add ICD-10 dx H35.52 and remove H35.53 from NCD80.11, (2) remove ICD-10 dx D61.1 from the NCD110.21 non-covered list, and (3) correct NCD220.6.17 spreadsheet dx tab to align with requirements by removing ICD-10 dx C4A.12 and adding C4A.21. In addition, the correction revises business requirements 10859.1.1.1.1 (NCD80.11) and 10859.2 (NCD110.21) of the CR as well as the implementation date. The edits included in NCD80.11 and NCD110.21 will be implemented 30 days after the issuance of the revised CR. Also, MCS, which processes professional claims, to implement addition of ICD-10 H35.52, removal of ICD-10 H35.53 from NCD80.11 April 1, 2019. FISS & MCS to implement removal of ICD-10 D61.1 from NCD110.21 April 1, 2019. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10859 constitutes a maintenance update of International Classification 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. Please follow the link below for the NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10859.zip>.

Make sure that your billing staffs are aware of these changes.

BACKGROUND

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 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.

Coding (as well as payment) are separate and distinct areas 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 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.

CR10859 makes coding and clarifying adjustments to the following NCDs:

- NCD80.11 Vitrectomy
- NCD110.21 Erythropoiesis-Stimulating Agents (ESAs) for Cancer
- NCD190.3 Cytogenetics
- NCD190.11 Home Prothrombin Time (PT)/International Normalized Ratio (INR)
- NCD220.6.17 Positron Emission Tomography (PET) for Oncologic Conditions
- NCD270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
- NCD260.1 Adult Liver Transplantation
- NCD110.18 Aprepitant for Chemo-Induced Emesis
- NCD270.1 Electrical Stimulation, Electromagnetic Therapy for Wounds

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 NCDs referenced in CR10859, 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.

ADDITIONAL INFORMATION

The official instruction, CR10859, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2200OTN.pdf>. If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
November 9, 2018	The article was revised to reflect a revised CR10859 issued on November 8. The CR was revised to (1) add ICD-10 dx H35.52 and remove H35.53 from NCD80.11, (2) remove ICD-10 dx D61.1 from the NCD110.21 non-covered list, and (3) correct NCD220.6.17 spreadsheet dx tab to align with requirements by removing ICD-10 dx C4A.12 and adding C4A.21. In addition, the correction revises business requirements 10859.1.1.1.1 (NCD80.11) and 10859.2 (NCD110.21) of the CR as well as the implementation date. The edits included in NCD80.11 and NCD110.21 will be implemented 30 days after the issuance of the revised CR. Also, MCS, which processes professional claims, to implement addition of ICD-10 H35.52, removal of ICD-10 H35.53 from NCD80.11 April 1, 2019. FISS & MCS to implement removal of ICD-10 D61.1 from NCD110.21 April 1, 2019. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.
September 11, 2018	The article was revised to reflect a revised CR10859 issued on September 11. The CR was revised to remove ICD-10 diagnosis code H25.13 from NCD80.11 spreadsheet that was retained in error. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.

Date of Change	Description
August 14, 2018	Initial article released.

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