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

MLN Matters Number: MM11005 Revised

Related CR Release Date: November 9, 2018

Related CR Transmittal Number: R2202OTN

Related Change Request (CR) Number: 11005

Effective Date: April 1, 2019, unless otherwise noted in requirements

Implementation Date: April 1, 2019, for Medicare Shared Systems, for local MACs 60 days from release of CR 11005

Note: This article was revised on January 4, 2019, to show the correct effective date of April 1, 2019. All other information remains the same.

PROVIDER TYPES AFFECTED

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

PROVIDER ACTION NEEDED

CR 11005 constitutes a maintenance update of 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 make sure your billing staffs are aware of these updates.

BACKGROUND

Previous NCD coding changes appear in ICD-10 quarterly updates are available on the Centers for Medicare & Medicaid Services (CMS) website 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.

Please follow the link below for the NCD spreadsheets included with CR:
https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11005.zip

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Relevant NCD coding changes in CR 11005 include:

- NCD20.7 – Percutaneous Transluminal Angioplasty (PTA)
- NCD80.11 – Vitrectomy
- NCD110.21 – Erythropoiesis Stimulating Agents (ESAs) in Cancer and Neoplastic Conditions
- NCD210.2 – Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancers
- NCD220.4 – Mammograms
- NCD230.18 – Sacral Nerve Stimulation (SNS) for Urinary Incontinence

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 CMS 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.

Providers should be aware that 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 Equivalent 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.

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 Claims Adjustment Reason Codes (CARC) 50, 96, and/or 119. See latest CAQH CORE update.

When denying claims associated with the attached NCDs, except where otherwise indicated, 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 one 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 one file). For modifier GZ, use CARC 50 and Medicare Summary Notice (MSN) 8.81 per instructions in CR 7228/TR 2148.

Note: MACs shall adjust any claims processed in error associated with CR 11005 that are brought to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 11005, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2202OTN.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
January 4, 2019	The article was revised to show the correct effective date of April 1, 2019. All other information remains the same.
November 27, 2018	Initial article released.