

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11759	Date: December 21, 2022
	Change Request 12993

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18 Section 170.1 and Chapter 32 Section 270.2 due to the National Coverage Determinations (NCDs) April 2023 Change Request (CR) 12960

I. SUMMARY OF CHANGES: The purpose of this CR is to update Chapter 18 and 32 of the Medicare Claims Processing manual Pub. 100-04.

EFFECTIVE DATE: January 23, 2023

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

IMPLEMENTATION DATE: January 23, 2023

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
R	18/170/170.1/Healthcare Common Procedure Coding System (HCPCS) Codes for Screening for STIs and HIBC to Prevent STIs
R	32/270/270.2/Billing Requirements for Patients Enrolled in a Data Collection System

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This CR constitutes an update to Pub. 100-04, Chapter 18, Section 170.1; Chapter 32, Section 270.2 for the Billing Requirements of the Medicare Claims Processing manual due to NCDs 20.4, and 210.10 in CR 12960, International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to NCDs.

In CR 12960, the Medicare contractors were advised to end date ICD I47.2 effective September 30, 2022 and add ICD I47.20, I47.21, I47.29 effective October 1, 2022 in regards to NCD 20.4 Implantable Automatic Defibrillators. In addition, they were advised to add Current Procedural Terminology (CPT) 0353U effective October 1, 2022 in regards to NCD210.10 Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC).

B. Policy: No policy changes.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared- System Maintainers				Other		
		A	B	H H H		F M V C	M C S S	V M S S	C W F			
12993.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 18, Sections 170.1.	X	X									
12993.2	The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Sections 270.2.	X	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov , Tracey Mackey, Tracey.Mackey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

170.1 - Healthcare Common Procedure Coding System (HCPCS) Codes for Screening for STIs and HIBC to Prevent STIs

(Rev.11759, Issued:12-21-2022, Effective:01-23-2023, Implementation:01-23-2023)

Effective for claims with dates of service on and after November 8, 2011, the claims processing instructions for payment of screening tests for STI will apply to the following HCPCS/*CPT* codes:

- Chlamydia:
86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800,
0353U - effective 10/01/22
(used for combined chlamydia and gonorrhea testing)
- Gonorrhea:
87590, 87591, 87850, 87800,
0353U - effective 10/01/22
(used for combined chlamydia and gonorrhea testing)
- Syphilis: 86592, 86593, 86780
- Hepatitis B: (hepatitis B surface antigen): 87340, 87341

Effective for claims with dates of service on and after November 8, 2011, implemented with the January 2, 2012, IOCE, the following HCPCS code is to be billed for HIBC to prevent STIs:

- G0445 - high-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior, performed semi-annually, 30 minutes.

270.2 – Billing Requirements for Patients Enrolled in a Data Collection System *(Rev.11759, Issued:12-21-2022, Effective:01-23-2023, Implementation:01-23-2023)*

Effective for dates of service on or after April 1, 2005, Medicare required that patients receiving a defibrillator for the primary prevention of sudden cardiac arrest be enrolled in a qualifying data collection system. Providers shall use modifier Q0 to identify patients whose data is being submitted to a data collection system.

The following diagnosis codes identify non-primary prevention (secondary prevention) patient or replacement implantations (e.g. due to recalled devices):

If ICD-9-CM is applicable, select from the following diagnosis codes:

427.1 Ventricular tachycardia

427.41 Ventricular fibrillation

427.42 Ventricular flutter

427.5 Cardiac arrest

427.9 Cardiac dysrhythmia, unspecified

V12.53 Personal history of sudden cardiac arrest

996.04 Mechanical complication of cardiac device, implant, and graft, due to automatic implantable cardiac defibrillator

V53.32 Fitting and adjustment of other device, automatic implantable cardiac defibrillator

If ICD-10-CM is applicable, select from the following list:

I47.0 Re-entry Ventricular Arrhythmia

I47.2 Ventricular Tachycardiaselect - *end date September 30, 2022*

I47.20 Ventricular Tachycardia, unspecified - effective October 1, 2022

I47.21 Torsades De Pointes - effective October 1, 2022

I47.29 Other Ventricular Tachycardia - effective October 1, 2022

I49.3 Ventricular Premature depolarization

I49.01 Ventricular Fibrillation

I49.02 Ventricular Flutter

I46.2 Cardiac arrest due to underlying cardiac condition

I46.8 Cardiac arrest due to other underlying condition

I46.9 Cardiac arrest, cause unspecified

I49.9 Cardiac arrhythmia, unspecified

T82.110A Breakdown (mechanical) of cardiac electrode, initial encounter

T82.111A Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter

T82.118A Breakdown (mechanical) of other cardiac electronic device, initial encounter

T82.119A Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter

T82.120A Displacement of cardiac electrode, initial encounter

T82.121A Displacement of cardiac pulse generator (battery), initial encounter

T82.128A Displacement of other cardiac electronic device, initial encounter

T82.129A Displacement of unspecified cardiac electronic device, initial encounter

T82.190A Other mechanical complication of cardiac electrode, initial encounter

T82.191A Other mechanical complication of cardiac pulse generator (battery), initial encounter

T82.198A Other mechanical complication of other cardiac electronic device, initial encounter

T82.199A Other mechanical complication of unspecified cardiac device, initial encounter

Z86.74 Personal history of sudden cardiac arrest

Z45.02 Encounter for adjustment and management of automatic implantable cardiac defibrillator

When any of the above codes appear on a claim, the Q0 modifier is not required. The Q0 modifier may be appended to claims for secondary prevention indications when data is being entered into a qualifying data collection system.