

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10881</b>	<b>Date: August 6, 2021</b>
	<b>Change Request 12069</b>

**SUBJECT: REVISIONS TO CHAPTERS 13 AND 32 TO UPDATE CODING**

**I. SUMMARY OF CHANGES:** This Change Request (CR) makes updates to chapters 13 and 32 of the Medicare Claims Processing Manual Pub. 100-04.

**EFFECTIVE DATE:** September 7, 2021, from issuance - Unless otherwise specified, the effective date is the date of service.

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

**IMPLEMENTATION DATE:** September 7, 2021, from issuance - Unless otherwise specified, the effective date is the date of service

*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	13/60.3.1/ Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005
R	13/60.3.2/Tracer Codes Required for Positron Emission Tomography (PET) Scans
R	13/60.9/ Coverage of PET Scans for Myocardial Viability
R	13/60.18/ Billing and Coverage Changes for PET (NaF-18) Scans to Identify Bone Metastasis of Cancer Effective for Claims With Dates of Services on or After February 26, 2010
R	32/ Table of Contents
R	32/40.2.1/ Healthcare Common Procedural Coding System (HCPCS)
R	32/40.2.4/ Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820
R	32/40.4/ Revenue Codes
R	32/60.4.1/ Allowable Covered Diagnosis Codes
R	32/60.5.2/ Applicable Diagnosis Codes for A/B MACs (B)
R	32/190.2/ Healthcare Common Procedural Coding System (HCPCS), Applicable Diagnosis Codes and Procedure Code
R	32/190.3/ Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RAs) and Claim Adjustment Reason Code

### **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

<b>Pub. 100-04</b>	<b>Transmittal: 10881</b>	<b>Date: August 6, 2021</b>	<b>Change Request: 12069</b>
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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) constitutes an update to Pub. 100-04, Chapter 13, Sections 60.3.1, 60.3.2, 60.9, 60.18 and Chapter 32, Sections 40.2.1, 40.2.4, 40.4, 60.4.1, 60.5.2, 190.2, and 190.3 for the Billing Requirements of the Medicare Claims Processing manual due to NCDs 110.4, 190.11 in CR 11491- April -20 Update and NCD 230.18, 220.6.19, 220.6.1, and 220.6.8 in CR11655- July-20 update in International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs).

**B. Policy:** There are 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 M A C	Shared- System Maintainers				Oth	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12069.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04 :  Chapter 13, Sections 60.3.1, 60.3.2, 60.9, and 60.18  Chapter 32, Sections 40.2.1, 40.2.4, 40.4, 60.4.1, 60.5.2, 190.2, and 190.3.	X	X								

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC		
		A	B	H H H
	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):** Kajol Balani, Kajol.Balani@cms.hhs.gov

**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: 0**

### 60.3.1 - Appropriate CPT Codes Effective for PET Scans for Services Performed on or After January 28, 2005

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

**NOTE:** All PET scan services require the use of a radiopharmaceutical diagnostic imaging agent (tracer). The applicable tracer code should be billed when billing for a PET scan service. See section 60.3.2 below for applicable tracer codes.

<b>CPT Code</b>	<b>Description</b>
78429	<i>Myocardial imaging, positron emission tomography (PET), metabolic evaluation study, single study; with concurrently acquired computed tomography transmission scan</i>
78430	<i>Myocardial imaging, positron emission tomography (PET), perfusion study; single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan</i>
78431	<i>Myocardial imaging, positron emission tomography (PET), perfusion study; multiple studies at rest and stress, with concurrently acquired computed tomography transmission scan</i>
78432	<i>Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer;</i>
78433	<i>Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer; with concurrently acquired computed tomography transmission scan</i>
78434	<i>Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress</i>
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Tumor imaging, positron emission tomography (PET); whole body

CPT Code	Description
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body

### 60.3.2 - Tracer Codes Required for Positron Emission Tomography (PET) Scans

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

An applicable tracer/radiopharmaceutical code, along with an applicable Current Procedural Technology (CPT) code, is necessary for claims processing of any Positron Emission Tomography (PET) scan services. While there are a number of PET tracers already billable for a diverse number of medical indications, there have been, and may be in the future, additional PET indications that might require a new PET tracer. Under those circumstances, the process to request/approve/implement a new code could be time- intensive. To help alleviate inordinate spans of time between when a national coverage determination is made, or when the Food and Drug Administration (FDA) approves a particular radiopharmaceutical for an oncologic indication already approved by the Centers for Medicare & Medicaid Services (CMS), and when it can be fully implemented via valid claims processing, CMS has created two new PET radiopharmaceutical unclassified tracer codes that can be used temporarily. This time period would be pending the creation/approval/implementation of permanent CPT codes that would later specifically define their function by CMS in official instructions.

Effective with dates of service on or after January 1, 2018, the following Healthcare Common Procedure Coding System (HCPCS) codes shall be used ONLY AS NECESSARY FOR AN INTERIM PERIOD OF TIME under the circumstances explained here. Specifically, there are two circumstances that would warrant use of the below codes: (1) After FDA approval of a PET oncologic indication, or, (2) after CMS approves coverage of a new PET indication, and ONLY if either of those situations requires the use of a dedicated PET radiopharmaceutical/tracer that is currently non-existent. Once permanent replacement codes are officially implemented by CMS, use of the temporary code for that particular indication will simultaneously be discontinued.

NOTE: The following two codes were effective as of January 1, 2017, with the January 2017 quarterly HCPCS update.

A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified

A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

Effective for claims with dates of service on and after January 1, 2018, when PET tracer code A9597 or A9598 are present on a claim, that claim must also include:

-an appropriate PET HCPCS code, either *78429, 78430, 78431, 78432, 78433, 78434*, 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, or 78816,

-if tumor-related, either the -PI or -PS modifier as appropriate,

-if clinical trial, registry, or study-related outside of NCD220.6.17, PET for Solid Tumors, clinical trial modifier –Q0,

-if clinical trial, registry, or study-related, all claims require the 8-digit clinical trial number,

-if Part A OP and clinical trial, registry, or study-related outside of NCD220.6.17, PET for Solid Tumors, also include condition code 30 and ICD-10 diagnosis Z00.6.

Effective for claims with dates of service on and after January 1, 2018, A/Medicare Administrative Contractors (MACs) shall line-item deny, and B/MACs shall line-item reject, PET claims for A9597 or A9598 that don't include the elements noted above as appropriate.

Contractors shall use the following messaging when line-item denying (Part A) or line-item rejecting (Part B) PET claims containing HCPCS A9597 or A9598:

Remittance Advice Remark Codes (RARC) N386

Claim Adjustment Reason Code (CARC) 50, 96, and/or 119.

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).

(The above new verbiage will supersede any existing verbiage in chapter 13, section 60.3.2.)

## **60.9- Coverage of PET Scans for Myocardial Viability**

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

FDG PET is covered for the determination of myocardial viability following an inconclusive single photon computed tomography test (SPECT) from July 1, 2001, through September 30, 2002. Only full ring scanners are covered as the scanning medium for this service from July 1, 2001, through December 31, 2001. However, as of January 1, 2002, full and partial ring scanners are covered for myocardial viability following an inconclusive SPECT.

Beginning October 1, 2002, Medicare will cover FDG PET for the determination of myocardial viability as a primary or initial diagnostic study prior to revascularization, and will continue to cover FDG PET when used as a follow-up to an inconclusive SPECT. However, if a patient received a FDG PET study with inconclusive results, a follow-up SPECT is not covered. FDA full and partial ring PET scanners are covered. In the event that a patient receives a SPECT with inconclusive results, a PET scan may be performed and covered by Medicare. However, a SPECT is not covered following a FDG PET with inconclusive results. See the Medicare National Coverage Determinations Manual, Section 220.6 for specific frequency limitations for Myocardial Viability following an inconclusive SPECT.

Documentation that these conditions are met should be maintained by the referring provider as part of the beneficiary's medical record.

### **HCPCS Code for PET Scan for Myocardial Viability**

*78429-Myocardial imaging, positron emission tomography (PET), metabolic evaluation study, single study; with concurrently acquired computed tomography transmission scan*

*78432-Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer;*

*78433-Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer; with concurrently acquired computed tomography transmission scan*

78459 - Myocardial imaging, positron emission tomography (PET), metabolic evaluation

### **60.18 – Billing and Coverage Changes for PET (NaF-18) Scans to Identify Bone Metastasis of Cancer Effective for Claims With Dates of Services on or After February 26, 2010**

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

#### **• Billing Changes for A/B MACs (A and B)**

Effective for claims with dates of service on and after February 26, 2010, contractors shall pay for NaF-18 PET oncologic claims to inform of initial treatment strategy (PI) or subsequent treatment strategy (PS) for suspected or biopsy proven bone metastasis **ONLY** in the context of a clinical study and as specified in Pub. 100-03, section 220.6. All other claims for NaF-18 PET oncology claims remain non-covered.

#### **• Medicare Summary Notices, Remittance Advice Remark Codes, and Claim Adjustment Reason Codes**

Effective for claims with dates of service on or after February 26, 2010, contractors shall return as unprocessable NaF-18 PET oncologic claims billed with **modifier TC or globally (for A/B MACs (A) modifier TC or globally does not apply)** and HCPCS A9580 to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis that do not include ALL of the following:

- PI or PS modifier AND
- PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND
- Cancer diagnosis code AND
- Q0 modifier - Investigational clinical service provided in a clinical research study, are present on the claim.



**NOTE:** For institutional claims, continue to *include ICD-10 diagnosis code Z00.6 and condition code 30 to denote a clinical study.*

The contractor shall use the following remittance advice messages and associated codes when returning claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Two  
Group Code: CO CARC: 4 RARC:  
MA130 MSN: N/A

Effective for claims with dates of service on or after February 26, 2010, contractors shall accept PET oncologic claims billed with **modifier 26** and modifier KX to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis that include the following:

- PI or PS modifier AND
- PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND
- Cancer diagnosis code AND
- Q0 modifier - Investigational clinical service provided in a clinical research study, are present on the claim.

**NOTE:** If modifier KX is present on the professional component service, Contractors shall process the service as PET NaF-18 rather than PET with FDG.

Contractors shall also return as unprocessable NaF-18 PET oncologic professional component claims (i.e., claims billed with **modifiers 26** and KX) to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis billed with HCPCS A9580.

The contractor shall use the following remittance advice messages and associated codes when returning claims under this policy. This CARC/RARC combination is compliant with CAQH CORE Business Scenario Two.

Group Code: CO  
CARC: 4  
RARC: MA130  
MSN: N/A

*NOTE: Effective for claims with dates of service on or after 12/15/2017, HCPCS code A9580 (NaF-18) is nationally non-covered.*

# Medicare Claims Processing Manual

## Chapter 32 – Billing Requirements for Special Services

### Table of Contents *(Rev.10881; Issued: 08-06-2021)*

#### ***40.2.4 – Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820***

#### **40.2.1 – Healthcare Common Procedural Coding System (HCPCS)**

***(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)***

- 64561 - Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
- 64581 - Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
- 64585 - Revision or removal of peripheral neurostimulator electrodes
- 64590 - Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
- 64595 - Revision or removal of peripheral neurostimulator pulse generator or receiver
- A4290 - Sacral nerve stimulation test lead, each
- E0752 - Implantable neurostimulator electrodes, each
- E0756 - Implantable neurostimulator pulse generator
- C1767 - Generator, neurostimulator (implantable)
- C1778 - Lead, neurostimulator (implantable)
- C1883 - Adaptor/extension, pacing lead or neurostimulator lead (implantable)
- C1897 - Lead, neurostimulator test kit (implantable)
- C1820- Generator, neurostimulator (implantable), non-high-frequency with rechargeable battery and charging system***

NOTE: The "C" codes listed above are only applicable when billing under the hospital outpatient prospective payment system (OPPS). They should be reported in place of codes A4290, E0752 and E0756.

#### **40.2.4 – Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820** ***(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)***

Only hospital outpatient departments report these codes. Payment is made under OPPS.

## 40.4 – Revenue Codes

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

The applicable revenue code for the test procedures is 920 except for RHCs/FQHCs who report these procedures under revenue code 521.

Revenue codes for the implantation can be performed in a number of revenue centers within a hospital such as operating room (360) or clinic (510). Therefore, instruct your hospitals to report these implantation procedures under the revenue center where they are performed.

The applicable revenue code for the device codes C1767, C1778, C1883, C1897, *and C1820* provided in a hospital outpatient department is 272, 274, 275, 276, 278, 279, 280, 289, 290 or 624 as appropriate. The applicable revenue code for device codes A4290, E0752 and E0756 provided in a CAH is 290.

## 60.4.1 – Allowable Covered Diagnosis Codes

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

*For services furnished on or after the implementation of ICD-10 the applicable ICD-10-CM diagnosis codes for this benefit are:*

<i>ICD-10-CM Code</i>	<i>Code Description</i>
<i>D68.51</i>	<i>Activated protein C resistance</i>
<i>D68.52</i>	<i>Prothrombin gene mutation</i>
<i>D68.59</i>	<i>Other primary thrombophilia</i>
<i>D68.61</i>	<i>Antiphospholipid syndrome</i>
<i>D68.62</i>	<i>Lupus anticoagulant syndrome</i>
<i>I23.6</i>	<i>Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction</i>
<i>I26.01</i>	<i>Septic pulmonary embolism with acute cor pulmonale</i>
<i>I26.09</i>	<i>Other pulmonary embolism with acute cor pulmonale</i>
<i>I26.90</i>	<i>Septic pulmonary embolism without acute cor pulmonale</i>
<i>I26.93</i>	<i>Single subsegmental pulmonary embolism without acute cor pulmonale</i>
<i>I26.94</i>	<i>Multiple subsegmental pulmonary emboli without acute cor pulmonale</i>
<i>I26.99</i>	<i>Other pulmonary embolism without acute cor pulmonale</i>
<i>I27.24</i>	<i>Chronic thromboembolic pulmonary hypertension</i>
<i>I27.82</i>	<i>Chronic pulmonary embolism</i>
<i>I48.0</i>	<i>Paroxysmal atrial fibrillation</i>
<i>I48.11</i>	<i>Longstanding persistent atrial fibrillation</i>
<i>I48.19</i>	<i>Other persistent atrial fibrillation</i>
<i>I48.21</i>	<i>Permanent atrial fibrillation</i>
<i>I67.6</i>	<i>Nonpyogenic thrombosis of intracranial venous system</i>
<i>I80.11</i>	<i>Phlebitis and thrombophlebitis of right femoral vein</i>
<i>I80.12</i>	<i>Phlebitis and thrombophlebitis of left femoral vein</i>
<i>I80.13</i>	<i>Phlebitis and thrombophlebitis of femoral vein, bilateral</i>
<i>I80.211</i>	<i>Phlebitis and thrombophlebitis of right iliac vein</i>
<i>I80.212</i>	<i>Phlebitis and thrombophlebitis of left iliac vein</i>
<i>I80.213</i>	<i>Phlebitis and thrombophlebitis of iliac vein, bilateral</i>
<i>I80.221</i>	<i>Phlebitis and thrombophlebitis of right popliteal vein</i>
<i>I80.222</i>	<i>Phlebitis and thrombophlebitis of left popliteal vein</i>
<i>I80.223</i>	<i>Phlebitis and thrombophlebitis of popliteal vein, bilateral</i>
<i>I80.231</i>	<i>Phlebitis and thrombophlebitis of right tibial vein</i>

<i>I80.232</i>	<i>Phlebitis and thrombophlebitis of left tibial vein</i>
<i>I80.233</i>	<i>Phlebitis and thrombophlebitis of tibial vein, bilateral</i>
<i>I80.241</i>	<i>Phlebitis and thrombophlebitis of right peroneal vein</i>
<i>I80.242</i>	<i>Phlebitis and thrombophlebitis of left peroneal vein</i>
<i>I80.243</i>	<i>Phlebitis and thrombophlebitis of peroneal vein, bilateral</i>
<i>I80.251</i>	<i>Phlebitis and thrombophlebitis of right calf muscular vein</i>
<i>I80.252</i>	<i>Phlebitis and thrombophlebitis of left calf muscular vein</i>
<i>I80.253</i>	<i>Phlebitis and thrombophlebitis of calf muscular vein, bilateral</i>
<i>I80.291</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of right lower extremity</i>
<i>I80.292</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of left lower extremity</i>
<i>I80.293</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral</i>
<i>I82.0</i>	<i>Budd-Chiari syndrome</i>
<i>I82.210</i>	<i>Acute embolism and thrombosis of superior vena cava</i>
<i>I82.211</i>	<i>Chronic embolism and thrombosis of superior vena cava</i>
<i>I82.220</i>	<i>Acute embolism and thrombosis of inferior vena cava</i>
<i>I82.221</i>	<i>Chronic embolism and thrombosis of inferior vena cava</i>
<i>I82.290</i>	<i>Acute embolism and thrombosis of other thoracic veins</i>
<i>I82.291</i>	<i>Chronic embolism and thrombosis of other thoracic veins</i>
<i>I82.3</i>	<i>Embolism and thrombosis of renal vein</i>
<i>I82.411</i>	<i>Acute embolism and thrombosis of right femoral vein</i>
<i>I82.412</i>	<i>Acute embolism and thrombosis of left femoral vein</i>
<i>I82.413</i>	<i>Acute embolism and thrombosis of femoral vein, bilateral</i>
<i>I82.421</i>	<i>Acute embolism and thrombosis of right iliac vein</i>
<i>I82.422</i>	<i>Acute embolism and thrombosis of left iliac vein</i>
<i>I82.423</i>	<i>Acute embolism and thrombosis of iliac vein, bilateral</i>
<i>I82.431</i>	<i>Acute embolism and thrombosis of right popliteal vein</i>
<i>I82.432</i>	<i>Acute embolism and thrombosis of left popliteal vein</i>
<i>I82.433</i>	<i>Acute embolism and thrombosis of popliteal vein, bilateral</i>
<i>I82.441</i>	<i>Acute embolism and thrombosis of right tibial vein</i>
<i>I82.442</i>	<i>Acute embolism and thrombosis of left tibial vein</i>
<i>I82.443</i>	<i>Acute embolism and thrombosis of tibial vein, bilateral</i>
<i>I82.451</i>	<i>Acute embolism and thrombosis of right peroneal vein</i>
<i>I82.452</i>	<i>Acute embolism and thrombosis of left peroneal vein</i>
<i>I82.453</i>	<i>Acute embolism and thrombosis of peroneal vein, bilateral</i>
<i>I82.461</i>	<i>Acute embolism and thrombosis of right calf muscular vein</i>
<i>I82.462</i>	<i>Acute embolism and thrombosis of left calf muscular vein</i>
<i>I82.463</i>	<i>Acute embolism and thrombosis of calf muscular vein, bilateral</i>
<i>I82.491</i>	<i>Acute embolism and thrombosis of other specified deep vein of right lower extremity</i>
<i>I82.492</i>	<i>Acute embolism and thrombosis of other specified deep vein of left lower extremity</i>
<i>I82.493</i>	<i>Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral</i>
<i>I82.511</i>	<i>Chronic embolism and thrombosis of right femoral vein</i>
<i>I82.512</i>	<i>Chronic embolism and thrombosis of left femoral vein</i>
<i>I82.513</i>	<i>Chronic embolism and thrombosis of femoral vein, bilateral</i>
<i>I82.521</i>	<i>Chronic embolism and thrombosis of right iliac vein</i>
<i>I82.522</i>	<i>Chronic embolism and thrombosis of left iliac vein</i>
<i>I82.523</i>	<i>Chronic embolism and thrombosis of iliac vein, bilateral</i>
<i>I82.531</i>	<i>Chronic embolism and thrombosis of right popliteal vein</i>
<i>I82.532</i>	<i>Chronic embolism and thrombosis of left popliteal vein</i>
<i>I82.533</i>	<i>Chronic embolism and thrombosis of popliteal vein, bilateral</i>
<i>I82.541</i>	<i>Chronic embolism and thrombosis of right tibial vein</i>

I82.542	Chronic embolism and thrombosis of left tibial vein
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral
I82.561	Chronic embolism and thrombosis of right calf muscular vein
I82.562	Chronic embolism and thrombosis of left calf muscular vein
I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
I82.890	Acute embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.B11	Acute embolism and thrombosis of right subclavian vein
I82.B12	Acute embolism and thrombosis of left subclavian vein
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
I82.B21	Chronic embolism and thrombosis of right subclavian vein
I82.B22	Chronic embolism and thrombosis of left subclavian vein
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C21	Chronic embolism and thrombosis of right internal jugular vein
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
O87.3	Cerebral venous thrombosis in the puerperium
Z79.01	Long term (current) use of anticoagulants
Z86.718	Personal history of other venous thrombosis and embolism
Z95.2	Presence of prosthetic heart valve

Coverage policy can be found in Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, section 190.11 PT/INR. ([http://www.cms.hhs.gov/manuals/103\\_cov\\_determ/ncd103index.asp](http://www.cms.hhs.gov/manuals/103_cov_determ/ncd103index.asp))

## 60.5.2 – Applicable Diagnosis Codes for A/B MACs (B)

(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07-2021)



For services furnished on or after the implementation of ICD-10 the applicable ICD-10-CM diagnosis codes for this benefit are:

<b>ICD-10-CM Code</b>	<b>Code Description</b>
<i>D68.51</i>	<i>Activated protein C resistance</i>
<i>D68.52</i>	<i>Prothrombin gene mutation</i>
<i>D68.59</i>	<i>Other primary thrombophilia</i>
<i>D68.61</i>	<i>Antiphospholipid syndrome</i>
<i>D68.62</i>	<i>Lupus anticoagulant syndrome</i>
<i>I23.6</i>	<i>Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction</i>
<i>I26.01</i>	<i>Septic pulmonary embolism with acute cor pulmonale</i>
<i>I26.09</i>	<i>Other pulmonary embolism with acute cor pulmonale</i>
<i>I26.90</i>	<i>Septic pulmonary embolism without acute cor pulmonale</i>
<i>I26.93</i>	<i>Single subsegmental pulmonary embolism without acute cor pulmonale</i>
<i>I26.94</i>	<i>Multiple subsegmental pulmonary emboli without acute cor pulmonale</i>
<i>I26.99</i>	<i>Other pulmonary embolism without acute cor pulmonale</i>
<i>I27.24</i>	<i>Chronic thromboembolic pulmonary hypertension</i>
<i>I27.82</i>	<i>Chronic pulmonary embolism</i>
<i>I48.0</i>	<i>Paroxysmal atrial fibrillation</i>
<i>I48.11</i>	<i>Longstanding persistent atrial fibrillation</i>
<i>I48.19</i>	<i>Other persistent atrial fibrillation</i>
<i>I48.21</i>	<i>Permanent atrial fibrillation</i>
<i>I67.6</i>	<i>Nonpyogenic thrombosis of intracranial venous system</i>
<i>I80.11</i>	<i>Phlebitis and thrombophlebitis of right femoral vein</i>
<i>I80.12</i>	<i>Phlebitis and thrombophlebitis of left femoral vein</i>
<i>I80.13</i>	<i>Phlebitis and thrombophlebitis of femoral vein, bilateral</i>
<i>I80.211</i>	<i>Phlebitis and thrombophlebitis of right iliac vein</i>
<i>I80.212</i>	<i>Phlebitis and thrombophlebitis of left iliac vein</i>
<i>I80.213</i>	<i>Phlebitis and thrombophlebitis of iliac vein, bilateral</i>
<i>I80.221</i>	<i>Phlebitis and thrombophlebitis of right popliteal vein</i>
<i>I80.222</i>	<i>Phlebitis and thrombophlebitis of left popliteal vein</i>
<i>I80.223</i>	<i>Phlebitis and thrombophlebitis of popliteal vein, bilateral</i>
<i>I80.231</i>	<i>Phlebitis and thrombophlebitis of right tibial vein</i>
<i>I80.232</i>	<i>Phlebitis and thrombophlebitis of left tibial vein</i>
<i>I80.233</i>	<i>Phlebitis and thrombophlebitis of tibial vein, bilateral</i>
<i>I80.241</i>	<i>Phlebitis and thrombophlebitis of right peroneal vein</i>
<i>I80.242</i>	<i>Phlebitis and thrombophlebitis of left peroneal vein</i>
<i>I80.243</i>	<i>Phlebitis and thrombophlebitis of peroneal vein, bilateral</i>
<i>I80.251</i>	<i>Phlebitis and thrombophlebitis of right calf muscular vein</i>
<i>I80.252</i>	<i>Phlebitis and thrombophlebitis of left calf muscular vein</i>
<i>I80.253</i>	<i>Phlebitis and thrombophlebitis of calf muscular vein, bilateral</i>
<i>I80.291</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of right lower extremity</i>
<i>I80.292</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of left lower extremity</i>
<i>I80.293</i>	<i>Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral</i>
<i>I82.0</i>	<i>Budd-Chiari syndrome</i>
<i>I82.210</i>	<i>Acute embolism and thrombosis of superior vena cava</i>
<i>I82.211</i>	<i>Chronic embolism and thrombosis of superior vena cava</i>
<i>I82.220</i>	<i>Acute embolism and thrombosis of inferior vena cava</i>
<i>I82.221</i>	<i>Chronic embolism and thrombosis of inferior vena cava</i>
<i>I82.290</i>	<i>Acute embolism and thrombosis of other thoracic veins</i>
<i>I82.291</i>	<i>Chronic embolism and thrombosis of other thoracic veins</i>
<i>I82.3</i>	<i>Embolism and thrombosis of renal vein</i>

<i>I82.411</i>	<i>Acute embolism and thrombosis of right femoral vein</i>
<i>I82.412</i>	<i>Acute embolism and thrombosis of left femoral vein</i>
<i>I82.413</i>	<i>Acute embolism and thrombosis of femoral vein, bilateral</i>
<i>I82.421</i>	<i>Acute embolism and thrombosis of right iliac vein</i>
<i>I82.422</i>	<i>Acute embolism and thrombosis of left iliac vein</i>
<i>I82.423</i>	<i>Acute embolism and thrombosis of iliac vein, bilateral</i>
<i>I82.431</i>	<i>Acute embolism and thrombosis of right popliteal vein</i>
<i>I82.432</i>	<i>Acute embolism and thrombosis of left popliteal vein</i>
<i>I82.433</i>	<i>Acute embolism and thrombosis of popliteal vein, bilateral</i>
<i>I82.441</i>	<i>Acute embolism and thrombosis of right tibial vein</i>
<i>I82.442</i>	<i>Acute embolism and thrombosis of left tibial vein</i>
<i>I82.443</i>	<i>Acute embolism and thrombosis of tibial vein, bilateral</i>
<i>I82.451</i>	<i>Acute embolism and thrombosis of right peroneal vein</i>
<i>I82.452</i>	<i>Acute embolism and thrombosis of left peroneal vein</i>
<i>I82.453</i>	<i>Acute embolism and thrombosis of peroneal vein, bilateral</i>
<i>I82.461</i>	<i>Acute embolism and thrombosis of right calf muscular vein</i>
<i>I82.462</i>	<i>Acute embolism and thrombosis of left calf muscular vein</i>
<i>I82.463</i>	<i>Acute embolism and thrombosis of calf muscular vein, bilateral</i>
<i>I82.491</i>	<i>Acute embolism and thrombosis of other specified deep vein of right lower extremity</i>
<i>I82.492</i>	<i>Acute embolism and thrombosis of other specified deep vein of left lower extremity</i>
<i>I82.493</i>	<i>Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral</i>
<i>I82.511</i>	<i>Chronic embolism and thrombosis of right femoral vein</i>
<i>I82.512</i>	<i>Chronic embolism and thrombosis of left femoral vein</i>
<i>I82.513</i>	<i>Chronic embolism and thrombosis of femoral vein, bilateral</i>
<i>I82.521</i>	<i>Chronic embolism and thrombosis of right iliac vein</i>
<i>I82.522</i>	<i>Chronic embolism and thrombosis of left iliac vein</i>
<i>I82.523</i>	<i>Chronic embolism and thrombosis of iliac vein, bilateral</i>
<i>I82.531</i>	<i>Chronic embolism and thrombosis of right popliteal vein</i>
<i>I82.532</i>	<i>Chronic embolism and thrombosis of left popliteal vein</i>
<i>I82.533</i>	<i>Chronic embolism and thrombosis of popliteal vein, bilateral</i>
<i>I82.541</i>	<i>Chronic embolism and thrombosis of right tibial vein</i>
<i>I82.542</i>	<i>Chronic embolism and thrombosis of left tibial vein</i>
<i>I82.543</i>	<i>Chronic embolism and thrombosis of tibial vein, bilateral</i>
<i>I82.551</i>	<i>Chronic embolism and thrombosis of right peroneal vein</i>
<i>I82.552</i>	<i>Chronic embolism and thrombosis of left peroneal vein</i>
<i>I82.553</i>	<i>Chronic embolism and thrombosis of peroneal vein, bilateral</i>
<i>I82.561</i>	<i>Chronic embolism and thrombosis of right calf muscular vein</i>
<i>I82.562</i>	<i>Chronic embolism and thrombosis of left calf muscular vein</i>
<i>I82.563</i>	<i>Chronic embolism and thrombosis of calf muscular vein, bilateral</i>
<i>I82.591</i>	<i>Chronic embolism and thrombosis of other specified deep vein of right lower extremity</i>
<i>I82.592</i>	<i>Chronic embolism and thrombosis of other specified deep vein of left lower extremity</i>
<i>I82.593</i>	<i>Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral</i>
<i>I82.621</i>	<i>Acute embolism and thrombosis of deep veins of right upper extremity</i>
<i>I82.622</i>	<i>Acute embolism and thrombosis of deep veins of left upper extremity</i>
<i>I82.623</i>	<i>Acute embolism and thrombosis of deep veins of upper extremity, bilateral</i>
<i>I82.721</i>	<i>Chronic embolism and thrombosis of deep veins of right upper extremity</i>
<i>I82.722</i>	<i>Chronic embolism and thrombosis of deep veins of left upper extremity</i>
<i>I82.723</i>	<i>Chronic embolism and thrombosis of deep veins of upper extremity, bilateral</i>

<i>I82.890</i>	<i>Acute embolism and thrombosis of other specified veins</i>
<i>I82.891</i>	<i>Chronic embolism and thrombosis of other specified veins</i>
<i>I82.A11</i>	<i>Acute embolism and thrombosis of right axillary vein</i>
<i>I82.A12</i>	<i>Acute embolism and thrombosis of left axillary vein</i>
<i>I82.A13</i>	<i>Acute embolism and thrombosis of axillary vein, bilateral</i>
<i>I82.A21</i>	<i>Chronic embolism and thrombosis of right axillary vein</i>
<i>I82.A22</i>	<i>Chronic embolism and thrombosis of left axillary vein</i>
<i>I82.A23</i>	<i>Chronic embolism and thrombosis of axillary vein, bilateral</i>
<i>I82.B11</i>	<i>Acute embolism and thrombosis of right subclavian vein</i>
<i>I82.B12</i>	<i>Acute embolism and thrombosis of left subclavian vein</i>
<i>I82.B13</i>	<i>Acute embolism and thrombosis of subclavian vein, bilateral</i>
<i>I82.B21</i>	<i>Chronic embolism and thrombosis of right subclavian vein</i>
<i>I82.B22</i>	<i>Chronic embolism and thrombosis of left subclavian vein</i>
<i>I82.B23</i>	<i>Chronic embolism and thrombosis of subclavian vein, bilateral</i>
<i>I82.C11</i>	<i>Acute embolism and thrombosis of right internal jugular vein</i>
<i>I82.C12</i>	<i>Acute embolism and thrombosis of left internal jugular vein</i>
<i>I82.C13</i>	<i>Acute embolism and thrombosis of internal jugular vein, bilateral</i>
<i>I82.C21</i>	<i>Chronic embolism and thrombosis of right internal jugular vein</i>
<i>I82.C22</i>	<i>Chronic embolism and thrombosis of left internal jugular vein</i>
<i>I82.C23</i>	<i>Chronic embolism and thrombosis of internal jugular vein, bilateral</i>
<i>O87.3</i>	<i>Cerebral venous thrombosis in the puerperium</i>
<i>Z79.01</i>	<i>Long term (current) use of anticoagulants</i>
<i>Z86.718</i>	<i>Personal history of other venous thrombosis and embolism</i>
<i>Z95.2</i>	<i>Presence of prosthetic heart valve</i>

Coverage policy can be found in Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, section 190.11 PT/INR. ([http://www.cms.hhs.gov/manuals/103\\_cov\\_determ/hcd103index.asp](http://www.cms.hhs.gov/manuals/103_cov_determ/hcd103index.asp))



## **190.2 – Healthcare Common Procedural Coding System (HCPCS), Applicable Diagnosis Codes and Procedure Code**

*(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)*

The following HCPCS procedure code is used for billing extracorporeal photopheresis:

- 36522 - Photopheresis, extracorporeal

*Effective for claims with dates of service on or after Oct 1, 2015, the following are the applicable ICD-10-CM procedure codes for the new expanded coverage:*

- 6A650ZZ *Phototherapy, Circulatory, Single*
- 6A651ZZ *Phototherapy, Circulatory, Multiple*

**NOTE:** *Contractors shall edit for an appropriate oncological and autoimmune disorder diagnosis for payment of extracorporeal photopheresis according to the NCD.*

*Effective for claims with dates of service on or after Oct 1, 2015, in addition to HCPCS 36522, the following ICD-10-CM codes are applicable for extracorporeal photopheresis for the treatment of BOS following lung allograft transplantation only when extracorporeal photopheresis is provided under a clinical research study as outlined in above sections 190 and 190.2 Healthcare Common Procedural Coding System (HCPCS) codes, and applicable diagnosis codes as below::*

*A reference listing of ICD-10-CM coding and descriptions is listed below:*

### **CUTANEOUS T-CELL LYMPHOMA**

- C84.01 *Mycosis fungoides, lymph nodes of head, face, and neck*
- C84.02 *Mycosis fungoides, intrathoracic lymph nodes*
- C84.03 *Mycosis fungoides, intra-abdominal lymph nodes*
- C84.04 *Mycosis fungoides, lymph nodes of axilla and upper limb*
- C84.05 *Mycosis fungoides, lymph nodes of inguinal region and lower limb*
- C84.06 *Mycosis fungoides, intrapelvic lymph nodes*
- C84.07 *Mycosis fungoides, spleen*
- C84.08 *Mycosis fungoides, lymph nodes of multiple sites*
- C84.09 *Mycosis fungoides, extranodal and solid organ sites*
- C84.11 *Sézary disease, lymph nodes of head, face, and neck*
- C84.12 *Sézary disease, intrathoracic lymph nodes*
- C84.13 *Sézary disease, intra-abdominal lymph nodes*
- C84.14 *Sézary disease, lymph nodes of axilla and upper limb*
- C84.15 *Sézary disease, lymph nodes of inguinal region and lower limb*
- C84.16 *Sézary disease, intrapelvic lymph nodes*
- C84.17 *Sézary disease, spleen*
- C84.18 *Sézary disease, lymph nodes of multiple sites*
- C84.19 *Sezary disease, extranodal/solid organ sites*
- C84.A0 *Cutaneous T-cell lymphoma, unspecified, unspecified site*
- C84.A1 *Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck*
- C84.A2 *Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes*
- C84.A3 *Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes*
- C84.A4 *Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb*

- C84.A5 Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
- C84.A6 Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
- C84.A7 Cutaneous T-cell lymphoma, unspecified, spleen
- C84.A8 Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
- C84.A9 Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites

**ACUTE CARDIAC ALLOGRAFT REJECTION/GRAFT-VERSUS-HOST-DISEASE**

- D89.811 Chronic graft-versus-host disease
- D89.812 Acute on chronic graft-versus-host disease
- D89.813 Graft-versus-host disease, unspecified
- T86.01 Bone marrow transplant rejection
- T86.02 Bone marrow transplant failure
- T86.03 Bone marrow transplant infection
- T86.21 Heart transplant rejection
- T86.22 Heart transplant failure
- T86.23 Heart transplant infection
- T86.290 Cardiac allograft vasculopathy
- T86.31 Heart-lung transplant rejection
- T86.32 Heart-lung transplant failure
- T86.33 Heart-lung transplant infection
- T86.5 Complications of stem cell transplant
- Z94.3 Heart and lungs transplant status
- Z94.81 Bone marrow transplant status

**BOS (CED/TRIAL ONLY)**

- J42 Unspecified chronic bronchitis
- J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection
- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9 Chronic obstructive pulmonary disease, unspecified
- T86.810 Lung transplant rejection
- T86.811 Lung transplant failure
- T86.812 Lung transplant infection
- T86.818 Other complications of lung transplant
- T86.819 Unspecified complication of lung transplant
- Z94.2 Lung transplant status
- Z00.6 Encounter for examination for normal comparison and control in clinical research program

**190.3 – Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RAs) and Claim Adjustment Reason Code**

***(Rev.10881; Issued: 08-06-2021; Effective: 09-07-2021; Implementation: 09-07- 2021)***

Contractors shall continue to use the appropriate existing messages that they have in place when denying claims submitted that do not meet the Medicare coverage criteria for extracorporeal photopheresis.

Medicare coverage for extracorporeal photopheresis is restricted to the inpatient or outpatient hospital settings specifically for BOS, and not for the other covered diagnosis (including chronic graft versus host disease) which remain covered in the hospital inpatient, hospital outpatient, and non-facility (physician-directed clinic or office settings) settings.

Contractors shall deny claims for extracorporeal photopheresis for BOS when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals using the following codes:

- Claim Adjustment Reason Code (CARC) 96 – Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) **NOTE:** Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- CARC 171 – Payment is denied when performed/billed by this type of provider in this type of facility. **NOTE:** Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- Medicare Summary Notice 16.2 - This service cannot be paid when provided in this location/facility." Spanish translation: "Este servicio no se puede pagar cuando es suministrado en esta sitio/facilidad. (Include either MSN 36.1 or 36.2 dependent on liability.)
- Remittance Advice Remark Code (RARC) N428 – Not covered when performed in this place of service. (A/MACs only)
- Group Code CO (Contractual Obligations) or PR (Patient Responsibility) dependent on liability.

*Contractors shall return to provider/ return as unprocessable claims for BOS containing HCPCS procedure code 36522 along with one of the allowable ICD-10 codes if the claim is missing diagnosis code Z00.6 (as primary/secondary diagnosis, institutional only), condition code 30 (institutional claims only), clinical trial modifier Q0/Q1, and value code D4 with an 8-digit clinical trial identifier number (A/MACs only). Use the following messages:*

*When diagnosis code Z00.6 is missing, use:*

- *CARC 16 “Claim/service lacks information or has submission/billing error(s).” and*
- *RARC M76, “Missing/incomplete/invalid diagnosis or condition.”*

*When Condition Code 30 is missing, use CARC 16 and*

- *RARC M44 “Missing/incomplete/invalid condition code.”*

*When Clinical Trial modifier Q0/Q1 is missing, use CARC 16 and*

- *RARC N822, “Missing procedure modifier(s).”*

*When Clinical Trial Number is missing, use CARC 16 and*

- *RARC MA50, “Missing/incomplete/invalid Investigational Device Exemption number or Clinical Trial number.”*

*When Value Code D4 is missing, use CARC 16 and*

- *RARC M49, “Missing/incomplete/invalid value code(s) or amount(s).”*