CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12649	**Date: May 23, 2024**
	Change Request 13598

SUBJECT: National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to further implement the policy covered in NCD 200.3, Monoclonal Antibodies Directed Against Amyloid for the Treatment of AD.

EFFECTIVE DATE: April 7, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: June 24, 2024

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
N	32/412/Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)
N	32/412/1/Coding Information
N	32/412/2/Claims Processing Instructions
N	32/412/3/Messaging

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

Pub. 100-04	Transmittal: 12649	Date: May 23, 2024	Change Request: 13598

SUBJECT: National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)

EFFECTIVE DATE: April 7, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: June 24, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to implement further revisions to National Coverage Determination (NCD) 200.3, Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's, by including an update to Publication (Pub) 100-04, Claims Processing Manual and include associated claims processing instructions. See CR 12950 for the initial implementing CR for NCD 200.3, R11692NCD, dated November 9, 2022.

B. Policy: Effective April 7, 2022, CMS covers Food and Drug Administration (FDA)-approved monoclonal antibodies directed against amyloid for the treatment of AD when furnished in accordance with the coverage criteria below, under Coverage with Evidence Development (CED) for patients who have a clinical diagnosis of Mild Cognitive Impairment (MCI) due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD.

Coverage Criteria: 1) Monoclonal antibodies directed against amyloid that are approved by FDA for the treatment of AD based upon evidence of efficacy from a change in a surrogate endpoint (e.g., amyloid reduction) considered as reasonably likely to predict clinical benefit may be covered in a randomized controlled trial conducted under an Investigational New Drug (IND) application. 2) Monoclonal antibodies directed against amyloid that are approved by FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit may be covered in CMS-approved prospective comparative studies. Study data for CMS-approved prospective comparative studies may be collected in a registry. 3) For CMS-approved studies, the protocol, including the analysis plan, must include specific criteria specified in the NCD. 4) CMS-approved studies of a monoclonal antibody directed against amyloid (antiamyloid mAb) approved by FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit must address specific questions specified in the NCD. 5) CMS-approved studies must adhere to the standards of scientific integrity specified in the NCD that have been identified by the Agency for Healthcare Research and Quality (AHRQ).

Monoclonal antibodies directed against amyloid indicated for the treatment of AD are covered when furnished according to the FDA-approved indication in National Institutes of Health (NIH)-supported trials. Monoclonal antibodies directed against amyloid for the treatment of AD provided outside of an FDA-approved randomized controlled trial, CMS approved studies, or studies supported by the NIH, are nationally non-covered.

NOTE: Clinical trials/studies/registries under NCD 200.3 are designed around a specific therapy being studied, e.g., J0174 for Leqembi, and are assigned differing National Clinical Trial (NCT) numbers. The NCT number could be 06058234, for example, default 99999999 NCT number, or another NCT number assigned to another trial/study/registry under NCD 200.3. Future therapies with FDA approval that fall under NCD 200.3 that have not been assigned a dedicated Healthcare Common Procedure Coding System (HCPCS) code would be identified either by existing unspecified HCPCS codes J3490, J3590, C9399, or a dedicated HCPCS code once assigned. Future FDA-approved therapies will be implemented via subsequent CRs.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13598.1	Effective for claims with dates of service on and after April 7, 2022, contractors shall continue to accept claims for monoclonal antibodies directed against amyloid for the treatment of AD under NCD 200.3 with the following: -J3490 or J3590 for Part B or C9399, J3490, or J3590 for Part A, Drug name Leqembi® for claims with dates of service April 7, 2022, through July 5, 2023, -J0174 (for Leqembi® claims only) for claims with dates of service July 6, 2023, and after, -ICD-10 diagnosis code Z00.6, -One of the following additional ICD-10 diagnosis codes: G30.0, G30.1, G30.8, G30.9, G31.84, -Q0 or Q1 modifier, -condition code 30 (for institutional claims only), and, -An 8-digit NCT number, OR, default 8-digit NCT number 99999999. NOTE: Future instruction will be issued for any additional monoclonal antibodies when approved by the FDA for use under NCD 200.3. The dedicated HCPCS code(s) will be included or if a drug is FDA approved prior to issuing a dedicated HCPCS code, the instruction will list the drug name and approved therapy along with unspecified HCPCS codes J3490 or J3590 or C9399 temporarily until a dedicated HCPCS code is assigned.	X	X							
13598.2	Contractors shall return to provider any monoclonal antibody claims that do not include an NCT number as noted in Business Requirement (BR) 13598.1 above.	X								
13598.2.1	Contractors shall return as unprocessable any monoclonal antibody claims that do not include an NCT number as noted in BR 13598.1 above and use		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the following messages: Claim Adjustment Reason Code (CARC) 16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code (RARC) that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC MA50 - Missing/incomplete/invalid Investigational Device Exemption number or Clinical Trial number Group Code: CO									
13598.3	Contractors shall deny any monoclonal antibody claims that do not have the specified diagnosis codes listed in BR 13598.1 and use the following messages: MSN 15.20 - "The following polices were used when we made this decision: NCD 200.3." Spanish Version - "Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 200.3." NOTE: Due to system requirement, the Fiscal Intermediary Shared System (FISS) has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN. CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (May be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT). RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. Group Code: CO or PR	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13598.4	Contractors shall return to provider any monoclonal antibody claims that do not have the specified modifiers listed in BR 13598.1.	X								
13598.4.1	Contractors shall return as unprocessable any monoclonal antibody claims that do not have the specified modifiers listed in BR 13598.1 and use the following messages: CARC 16 - Claim/service lacks information or has submission/billing error(s). RARC N823 – Incomplete/invalid Procedure Modifier(s). Group Code: CO		X							
13598.5	Contractors shall ensure monoclonal antibody claims include Type of Bills (TOBs) 012X, 013X, or 085X. When denying claims with TOBs other than those listed above, contractors shall use the following messages: MSN 9.4 - This item or service was denied because information required to make payment was incorrect. Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta. CARC 16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC MA30 - Missing/incomplete/invalid type of bill. Group Code: CO	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13598.6	Contractors shall not search for claims but shall adjust claims that are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13598.7	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X	X			

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

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: 1

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents

(Rev. 12649; Issued: 05-23-2024)

412 – Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) Policy and Overview

(Rev.12649; Issued: 05-23-2024; Effective: 04-07-22) Implementation: 06-24-24)

Effective April 7, 2022, CMS covers Food and Drug Administration (FDA)-approved monoclonal antibodies directed against amyloid for the treatment of Alzheimer's Disease (AD) when furnished in accordance with the coverage criteria below, under coverage with evidence development (CED) for patients who have a clinical diagnosis of mild cognitive impairment (MCI) due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD. For further information related to coverage, refer to Publication 100-03, National Coverage Determination (NCD) Section 200.3

412.1 - Coding Information

(Rev.12649; Issued: 05-23-2024; Effective: 04-07-22) Implementation: 06-24-24)

- *ICD-10 diagnosis code Z00.6, along with one of the following additional diagnosis codes: G30.0, G30.1, G30.8, G30.9, G31.84, the Q0 or Q1 modifier, and condition code 30 (for institutional claims only).*

- *Procedure code HCPCS J0174, Injection, lecanemab-irmb, 1 mg, (Leqembi®), OR,*

- *Procedure code HCPCS J3490 or J3590 or C9399 (for an FDA-approved therapy that is covered under NCD 200.3 that hasn't received a dedicated HCPCS code), OR,*

- *Dedicated HCPCS code for any future FDA-approved therapies covered under NCD 200.3 (a subsequent instruction would follow),*

- *National Clinical Trial (NCT) number consisting of 8 digits, OR,*

- *Default NCT number 99999999.*

412.2 - Claims Processing Instructions

(Rev.12649; Issued: 05-23-2024; Effective: 04-07-22) Implementation: 06-24-24)

Effective for claims with dates of service on or after April 7, 2022, contractors shall accept and pay for claims for monoclonal antibodies for the treatment of AD with an appropriate HCPCS, along with one of the diagnosis codes listed in Section 412.1 and condition code 30 (institutional claims only).

The following bill types are applicable for claims for monoclonal antibodies for the treatment of AD:

- *012X, 013X, or 085X.*

412.3 - Messaging

(Rev.12649; Issued: 05-23-2024; Effective: 04-07-22) Implementation: 06-24-24)

--Contractors shall return to provider/return as unprocessable any monoclonal antibody claims that do not include an NCT number as indicated in 412.1 and use the following messages:

CARC 16 - Claim/service lacks information or has submission/billing error(s).

RARC MA50 – Missing/incomplete/invalid Investigational Device Exemption number or Clinical Trial number

Group Code: CO

---Contractors shall deny any monoclonal antibody claims that do not have the specified diagnosis codes listed in 412.1 and use the following messages:

MSN 15.20 - "The following polices were used when we made this decision: NCD 200.3."

Spanish Version – "Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 200.3."

NOTE: Due to system requirement, the Fiscal Intermediary Shared System (FISS) has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

CARC 96 – Non-covered charge(s). At least one Remark Code must be provided (May be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

RARC N386 – This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered.

Group Code - CO or PR

---Contractors shall return to provider/return as unprocessable any monoclonal antibody claims that do not have the specified modifiers listed in Section 412.1 and use the following messages:

CARC 16 - Claim/service lacks information or has submission/billing error(s).

RARC N823 – Incomplete/invalid Procedure Modifier(s).

Group Code: CO

--Contractors shall deny claims from any bill type other than those listed 412.1 and use the following messages:

MSN 9.4 - This item or service was denied because information required to make payment was incorrect.

Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta.

CARC 16 - Claim/service lacks information or has submission/billing error(s).

RARC MA30 - Missing/incomplete/invalid type of bill.

Group Code: CO

ICD-10 CM Codes

NCD	200.3
NCD Title	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)
IOM	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf
MCD	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1
ICD-10 CM	**ICD-10 CM Description**
	CMS reserves the right to add or remove diagnosis codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.
	J0174 Injection, lecanemab-irmb, 1 mg effective 7/6/2023
	ICD-10 diagnosis code Z00.6 should be used along with one of the following additional diagnosis codes: G30.0, G30.1, G30.8, G30.9, G31.84.
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.84	Mild cognitive impairment of uncertain or unknown etiology
Z00.6	Encounter for examination for normal comparison and control in clinical research program

NCD	200.3
NCD Title	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)
IOM	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf
MCD	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1

ICD-10	ICD-10 PCS Description
	n/a
	CMS reserves the right to add or remove procedure codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.

NCD	200.3									
NCD Title	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (CR12950, CR13598)									
IOM	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf									
MCD	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1									
Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**A/MACs:** Effective April 7, 2022, CMS covers FDA-approved monoclonal antibodies directed against amyloid for the treatment of AD when furnished in accordance with the coverage criteria below, under CED for patients who have a clinical diagnosis of MCI due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD. Please refer to the NCD manual section 200.3 for further information.	see below	N/A	see below	see below	see below	N/A	see below	see below	see below
Part A	**A/MACs** shall allow - ICD-10 diagnosis code Z00.6, along with one of the following additional diagnosis codes: G30.0, G30.1, G30.8, G30.9, G31.84, the Q0 or Q1 modifier, and condition code 30 (for institutional claims only). - Procedure code HCPCS J0174, Injection, lecanemab-irmb, 1 mg, (Leqembi®), OR, - Procedure code HCPCS J3490 or J3590 or C9399 (for an FDA-approved therapy that is covered under NCD 200.3 that hasn't received a dedicated HCPCS code), OR, - Dedicated HCPCS code for any future FDA-approved therapies covered under NCD 200.3 (a subsequent instruction would follow), - National Clinical Trial (NCT) number consisting of 8 digits, OR, - Default NCT number 99999999.	J0174 J3490 J3590 C9399				Q0 or Q1		15.2	16 --- 96 --- 16	MA50, CO --- N386, CO/PR --- N823, CO
Part A	**A/MACs:** Effective for claims with dates of service on or after April 7, 2022, contractors shall accept and pay for claims for monoclonal antibodies for the treatment of AD with an appropriate HCPCS, along with one of the diagnosis codes listed above and condition code 30 (institutional claims only). The following bill types are applicable for claims for monoclonal antibodies for the treatment of AD: - 012X, 013X, or 085X.			012X 013X 085X				9.4	16	MA30, CO

NCD	200.3									
NCD Title	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (CR12950, CR13598)									
IOM	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf									
MCD	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1									
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	B/MACs: Effective April 7, 2022, CMS covers FDA-approved monoclonal antibodies directed against amyloid for the treatment of AD when furnished in accordance with the coverage criteria below, under CED for patients who have a clinical diagnosis of MCI due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD. Please refer to the NCD manual section 200.3 for further information.	see below	N/A	see below	see below	see below	N/A	see below	see below	see below
Part B	B/MACs shall allow - ICD-10 diagnosis code Z00.6, along with one of the following additional diagnosis codes: G30.0, G30.1, G30.8, G30.9, G31.84, the Q0 or Q1 modifier, and condition code 30 (for institutional claims only). - Procedure code HCPCS J0174, Injection, lecanemab-irmb, 1 mg, (Leqembi®), OR, - Procedure code HCPCS J4390 or J3590 (for an FDA-approved therapy that is covered under NCD 200.3 that hasn't received a dedicated HCPCS code), OR, - Dedicated HCPCS code for any future FDA-approved therapies covered under NCD 200.3 (a subsequent instruction would follow), - National Clinical Trial (NCT) number consisting of 8 digits, OR, - Default NCT number 99999999.	J0174 J3490 J3590				Q0 or Q1		15.2	16 --- 96 --- 16	MA50, CO --- N386, CO/PR --- N823, CO
	Revision History									
	CR12950: Initial CR released.									
	CR13598: Add coding information, claim processing instructions, and messaging applicable to NCD 200.3.									