CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2039	**Date: February 28, 2018**
	Change Request 10473

Transmittal 2033, dated February 16, 2018, is being rescinded and replaced by Transmittal 2039, dated, February 28, 2018 to correct instructions in business requirement 7, NCD210.3, Colorectal Cancer Screening, and its accompanying spreadsheet. All other information remains the same.

SUBJECT: ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)

I. SUMMARY OF CHANGES: This Change Request (CR) constitutes a maintenance update of International Code 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.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found 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.

EFFECTIVE DATE: July 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 2, 2018 - for CMS Local MACs; July 2, 2018 - CMS Shared System Maintainers

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/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2039	Date: February 28, 2018	Change Request: 10473

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SUBJECT: ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)

EFFECTIVE DATE: July 1, 2018
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IMPLEMENTATION DATE: April 2, 2018 - for CMS Local MACs; July 2, 2018 - CMS Shared System Maintainers

I. GENERAL INFORMATION

A. Background: This Change Request (CR) 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.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html, along with other CRs implementing new policy NCDs.

B. 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. Please follow the link below for the NCD spreadsheets included with this CR:

https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip

Clarification: 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 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 Medicare Administrative Contractor (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.

Note/Clarification: Part A and Part B MACs (A/B MACs) shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.

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 attached NCDs, 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.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10473.1	NCD20.5 Extracorporeal Immunoadsorption (ECI) Using Protein A Columns Contractors shall end-date CPT 36515, effective 12/31/17. Contractors shall add CPT 36516, effective 1/1/18. Contractors shall suspend shared edits and override medical policy using the user action code if 36516 is billed for Apheresis. Lines 7 & 10 of spreadsheet replace CARC B22 with CARC 50 to adhere to CORE. See spreadsheet.	X	X			X	X			
10473.2	NCD110.18 Aprepitant Contractors shall delete HCPCS Q2050, Q0161, Q0163, Q0164, Q0167, Q0169, Q0173, Q0174, Q0175, Q0177, effective 10/1/17. Added existing policy verbiage to lines 8, 15 of spreadsheet to clarify MAC discretion and include reference to J8670, J8655, Q9981, Q9978, C9448. FISS to create new NCD RCs effective 10/1/17. CWF to disable edits effective 10/1/17. See spreadsheet.	X			X	X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10473.3	NCD110.21 Erythropoiesis Stimulating Agents (ESAs) Contractors shall delete invalid ICD-10 dx codes D61.81, D61.0, effective 10/1/15. FISS to end-date non-NCD RCs, create new NCD RCs effective 10/1/17. See spreadsheet.	X	X			X	X			
10473.4	NCD150.3 Bone Mineral Density Studies Contractors shall add ICD-10 dx Z79.811, effective 10/1/15. CWF to add dx Z79.811 to bypass logic for 77080, 77085. See spreadsheet.	X	X						X	
10473.5	NCD190.1 Histocompatibility Testing Contractors shall end-date CPT 86822, effective 12/31/17. See spreadsheet.	X	X			X	X			
10473.6	NCD190.11 PT/INR Contractors shall add ICD-10 dx I48.1, effective 10/1/15. Contractors shall add CPT 93792, 93793, effective 1/1/18. See spreadsheet.	X	X			X	X			
10473.7	NCD210.3 Colorectal Cancer Screening Contractors shall end-date CPT 00810, effective 12/31/17. Contractors shall add CPT 00812, effective 1/1/18. Removed all ICD-9 codes in spreadsheet.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Contractors shall follow instructions contained in CR 10181. See spreadsheet.									
10473.8	NCD210.4.1 Counseling to Prevent Tobacco Use Contractors shall ensure for CPT 99406, 99407 CAH Method II can bill both -PC & -TC - allow revenue code 0942 for CAH Method II with 096X, 097X, & 098X. Edit implemented with CR10184. See spreadsheet.	X				X				
10473.9	NCD210.6 Hepatitis B Virus Screening Contractors shall add ICD-10 dx F11.11, F13.11, F14.11, F15.11 effective 10/1/17. FISS to remove dx code ranges and replace with individual dx codes effective 9/28/16. See spreadsheet.	X	X			X				
10473.10	NCD220.4 Mammograms FISS shall delete NCD RC 32258, effective 10/1/15. FISS shall create new NCD RCs to replace RC 32258. Removed all expired codes from spreadsheet: 77051, 77052, 77055, 77056, 77057, G0202, G0204, G0206. Lines 22 & 30 of spreadsheet remove invalid CORE combinations MSN15.6, CARC107, RARCN30, MSN18.4, CARC151, RARCM90, MSN18.3, CARC119, RARCMA66, MSN15.4, CARC11, RARCM27; Line 22=Remove RARCN30, retain CARC 107; Line 22=replace RARCN362 with RARCN386; Line 30=remove invalid CORE combination MSN18.12, CARC107, RARCN30; Line 30=replace RARCN362 with RARCN386.	X	X			X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	See spreadsheet.									
10473.11	NCD220.6.17 PET for Solid Tumors Contractors shall delete ICD-10 dx C44.91, C44.92, C57.9, effective 10/1/15. See spreadsheet.	X	X							
10473.12	NCD250.4 Actinic Keratosis (AKs) Contractors shall add CPT 96573, CPT 96574, effective 1/1/18. See spreadsheet.	X								
10473.13	Contractors shall use default CAQH CORE messages where appropriate when denying claims associated with the attached NCDs, except where otherwise indicated: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update.	X	X							
10473.13.1	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 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 MSN 8.81 per instructions in CR 7228/TR 2148. NOTE: This replicates the note under the Policy section.	X	X							
10473.14	Contractors shall attend up to two (2) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the October	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	2018 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued in final.									
10473.15	Contractors shall adjust any claims that are brought to their attention that were processed in error for any of the NCDs included in this CR.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10473.16	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	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

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov (Coverage)

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: 12 (Refer to URL Section I.B. Policy)