

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1755</b>	<b>Date: November 18, 2016</b>
	<b>Change Request 9861</b>

**SUBJECT: ICD-10 Coding Revisions to National Coverage Determination (NCDs)**

**I. SUMMARY OF CHANGES:** This change request (CR) is the 10th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in 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: October 1, 2016 - Unless otherwise noted in individual requirements**

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

**IMPLEMENTATION DATE: January 20, 2016 - A/B MAC local systems; April 3, 2017 - FISS, MCS, CWF Shared systems**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 1755	Date: November 18, 2016	Change Request: 9861
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**SUBJECT: ICD-10 Coding Revisions to National Coverage Determination (NCDs)**

**EFFECTIVE DATE: October 1, 2016 - Unless otherwise noted in individual requirements**

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**IMPLEMENTATION DATE: January 20, 2016 - A/B MAC local systems; April 3, 2017 - FISS, MCS, CWF Shared systems**

## I. GENERAL INFORMATION

**A. Background:** This change request (CR) is the 10th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in quarterly ICD-10 updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in various CRs implementing new NCD policy. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases or new CRs as appropriate. No policy-related changes are included with the ICD-10 updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

**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/CR9861.zip>

**CLARIFICATION:** Coding (as well as payment) are separate and distinct areas 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 1-1 matches, nor are all ICD-10 codes appearing in a complete 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 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:** 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 CAQH CORE messages where appropriate: RARC N386 with 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 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.

## 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				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
9861.1	<p>NCD40.1 - Diabetes Outpatient Self-Management Training - Contractors shall END-DATE invalid ICD-10 dx codes effective 9/30/16</p> <p>Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16</p> <p>Contractors shall REMOVE ICD-10 unspecified codes effective 1/1/17</p> <p>See NCD40.1 spreadsheet for specific coding changes</p> <p>NOTE: FISS RC 59126-59129 RC 59130-59133. MCS edit 038L</p>		X			X	X					
9861.2	<p>NCD40.7 - Outpatient Intravenous Insulin Therapy - Contractors shall REMOVE all dx codes from this policy - HCPCS G9147, 94681 are non-covered for all indications under this policy effective 10/1/15.</p> <p>See NCD40.7 spreadsheet for specific coding changes.</p> <p>NOTE: FISS RC 31799, MCS edit 039L, OCE W7009.</p>	X				X	X					
9861.3	<p>NCD80.2 - Photodynamic Therapy, NCD80.2.1 - Ocular Photodynamic Therapy, NCD80.3 - Photosensitive Drugs, NCD80.3.1 - Verteporfin - Contractors shall ADD new 2017 ICD-10 dx codes as covered under discretion for CPT 67221 and 67225 effective 10/1/16</p> <p>Contractors shall ADD new ICD-10 dx codes as non-covered effective 10/1/16</p>	X	X			X						

Number	Requirement	Responsibility								Other
		A/B MAC		D M E M A C	Shared- System Maintainers					
		A	B		H H H	F I S S	M C S	V M S	C W F	
	See NCD80.2, 80.2.1, 80.3, 80.3.1 spreadsheet for specific coding changes  NOTE: FISS RC 59009-59011									
9861.4	NCD80.11 - Vitrectomy - Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16  Contractors shall END-DATE expired ICD-10 dx codes effective 9/30/16  Contractors shall REMOVE ICD-10 unspecified dx codes effective 1/1/17  See NCD80.11 spreadsheet for specific coding changes  NOTE: MCS edit 007L, FISS RC 59105/59106	X				X	X			
9861.5	NCD100.1 - Bariatric Surgery - Contractors shall END-DATE expired ICD-10 dx codes effective 9/30/16  Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16  See NCD100.1 spreadsheet for specific coding changes	X	X							
9861.6	NCD110.18 Aprepitant - Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16  See NCD110.18 spreadsheet for specific coding change	X				X				
9861.7	NCD110.23 - Stem Cell Transplants - Contractors shall ADD new dx codes that are not currently in their existing edits from previous CRs. This spreadsheet was updated to reflect the total NCD110.23 policy.  See NCD110.23 spreadsheet for specific coding changes.  NOTE: FISS RC 59142-59145, RC 59144-59145, MCS 041L.	X				X	X			



Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	and edits for this policy in accordance with the 1/1/17 Annual HCPCS Update:  A9588: Fluciclovine f-18, diagnostic, 1 millicurie  A9587: Gallium ga-68, dotatate, diagnostic, 0.1 millicurie  See NCD220.6.17 spreadsheet for specific changes to coding										
9861.12	NCD260.3.1 - Islet Cell Transplants - Contractors shall END-DATE expired ICD-10 dx codes effective 9/30/16  Contractors shall ADD new 2017 ICD-10 dx codes effective 10/1/16  Contractors shall ADD CARC 16 to use with RARC M44  Contractors shall ADD CARC 171 and REMOVE CARC B7  See NCD260.3.1 spreadsheet for specific coding changes  NOTE: FISS RC 59103-59104, MCS edit 028L	X	X			X	X				
9861.13	NCD260.5 - Intestinal and Multi-Visceral Transplants - Contractors shall END-DATE expired ICD-10 dx code K55.0 effective 9/30/16  Contractors shall REMOVE procedure codes effective 1/1/17: 0DYE0Z2 0DY80Z2  Contractors shall ADD new 2017 dx codes effective 10/1/16  Contractors shall REMOVE CARC B7 and CARC 59 and ADD CARC 171  See NCD260.5 spreadsheet for specific coding changes.  NOTE: MCS edit 029L, FISS RC 59105/59106	X	X			X	X				

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
9861.14	<p>NCD270.6 - Infrared Therapy Devices - Contractors shall REMOVE all associated dx codes in current editing effective 10/1/15 as infrared therapy is non-covered for all indications.</p> <p>See NCD270.6 spreadsheet for specific coding changes</p> <p>NOTE: FISS RC 59198-59199</p>	X	X		X	X				
9861.15	<p>NCD110.4 - Extracorporeal Photopheresis - DELETE FISS RC 31808, 31835</p> <p>FISS to update edits so 36522 only required in trial for BOS indications</p> <p>FISS RC 59019/59020</p>					X				
9861.16	<p>NCD190.1 - Histocompatibility Testing - Contractors shall ADD ICD-10 dx Z76.82 effective 10/1/16</p> <p>See NCD190.1 spreadsheet for specific coding changes</p> <p>NOTE: MCS 043L, FISS RC 59150/59151</p>	X	X			X	X			
9861.17	<p>A/B MACs shall use default CAQH CORE messages where appropriate: RARC N386 with 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:</p> <p>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).</p> <p>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.</p>	X	X							

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
9861.18	Contractors shall adjust any claims with dates of service on and after 10/1/16 through 4/2/17 associated with this CR that are brought to their attention.	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9861.19	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> 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		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.brocato-simons@cms.hhs.gov](mailto:patricia.brocato-simons@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: 16**