



## International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) – July 2020 Update

MLN Matters Number: MM11655 **Revised**

Related Change Request (CR) Number: 11655

Related CR Release Date: **June 19, 2020**

Effective Date: July 1, 2020

Related CR Transmittal Number: **R10193OTN**

Implementation Date: March 24, 2020 – MACs;  
July 6, 2020 - Shared System Maintainers

**Note: We revised this article to reflect a revised CR 11655. The CR was revised to remove Current Procedural Technology (CPT) code 0048U from the business requirement for NCD90.2 Next Generation Sequencing (NGS) and corresponding removals of CPT 0048U and its associated diagnosis codes from the NCD 90.2 NGS spreadsheet. This revision is necessary because the CPT code does not meet the policy criteria in NCD 90.2 for NGS. In this article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.**

### PROVIDER TYPES AFFECTED

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This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

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CR 11655 informs providers about updated International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10) conversions as well as coding updates specific to National Coverage Determinations (NCDs). Please make sure your billing staffs are aware of these updates.

### BACKGROUND

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Previous NCD coding changes appear in ICD-10 quarterly updates at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. ICD-10 edits and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate.

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 the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-

standing NCD process.

The translations from ICD-9 to ICD-10 are not consistent 1-to-1 matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs) guide or other mapping guides appropriate when reviewed against individual NCD policies. Please note that, as of October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) will no longer provide GEMs mapping. In addition, for those policies that expressly allow 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: 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 CMS 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.

Relevant NCD coding changes in CR 11655 include:

- NCD90.2 Next Generation Sequencing (NGS)
- NCD150.3 Bone Mineral Density Studies
- NCD190.3 Cytogenetic Studies
- NCD220.6.1 PET for Perfusion of the Heart
- NCD220.6.8 PET for Myocardial Viability
- NCD220.6.19 PET NaF-18 to Identify Bone Metastasis of Cancer in the Context of a Clinical Trial
- NCD230.18 Sacral Nerve Stimulation for Urinary Incontinence
- NCD270.1 Electrical Stimulation/Electromagnetic Therapy for the Treatment of Wounds

The NCD spreadsheets included with CR 11655 are available at <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11655.zip>.

When denying claims associated with the attached NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- 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, CARC 50 is used.

**Note: MACs will adjust any claims processed in error associated with CR 11491 that you bring to their attention.**

## ADDITIONAL INFORMATION

The official instruction, CR 11655, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10193OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
June 22, 2020	We revised this article to reflect a revised CR 11655. The CR was revised to remove Current Procedural Technology (CPT) code 0048U from the business requirement for NCD90.2 Next Generation Sequencing (NGS) and corresponding removals of CPT 0048U and its associated diagnosis codes from the NCD 90.2 NGS spreadsheet. This revision is necessary because the CPT code does not meet the policy criteria in NCD 90.2 for NGS. In this article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
February 25, 2020	Initial article released.

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