



International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) – July 2021

MLN Matters Number: MM12124 **Revised**

Related Change Request (CR) Number: 12124

Related CR Release Date: **June 10, 2022**

Effective Date: July 1, 2021

Related CR Transmittal Number: **R11453OTN**

Implementation Date: July 6, 2021

Note: We revised this article due to a revised CR 12124. The CR revision changed business requirements for NCD 90.2, Next Generation Sequencing. This results in a new spreadsheet for that NCD by retaining all ICD-10 Not Otherwise Classified (NOC) diagnosis codes proposed for deletion effective July 1, 2022. See important note in dark red font on page 2. Also, we changed the CR release date, transmittal number, and the CR web address. All other information is the same.

Provider Types Affected

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

Provider Action Needed

This Article tells you about updates of ICD-10 conversions and other coding updates specific to National Coverage Determinations (NCDs). These changes result from:

- Newly available code
- Coding revisions to NCDs released separately
- Coding feedback received

CMS continues to implement any policy-related changes to NCDs via the current, longstanding NCD process. There are no policy-related changes with these updates. Make sure your billing staffs are aware of these updates.

Background

Previous NCD coding changes appear in [ICD-10 quarterly updates](#) along with other CRs implementing new NCD policy. We will include edits to ICD-10, and other coding updates

specific to NCDs in subsequent quarterly releases, as needed.

Note: Coding (as well as payment) is a separate and distinct area of the Medicare Program from coverage policy/criteria. We carefully and thoroughly review and vet revisions to codes within an NCD. We don't intend 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 aren't 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. As of October 1, 2019, we no longer provide GEMs mappings.

Key Points in CR 12124

Relevant NCD coding changes in CR 12124 include:

- NCD 20.33 Transcatheter Mitral Valve Repair (TMVR)
- NCD 90.2 Next Generation Sequencing (NGS)
- NCD 20.20 External Counterpulsation (ECP) Therapy
- NCD 210.14 Low-Dose Computed Tomography for Lung Cancer Screening
- NCD 110.23 Stem Cell Transplants
- NCD 220.6.19 Positron Emission Tomography (NaF-18) for Bone Metastasis of Cancer
- NCD 20.9 Artificial Heart and Related Devices

We include the [NCD spreadsheets](#) with CR 12124.

NOTE: Although we're not moving forward with deleting the aforementioned ICD-10 NOC diagnosis codes from NCD 90.2, we continue to strongly encourage providers and laboratories to make sure they provide the best possible and most specific code on the claim in accordance with the implementation of ICD-10 in 2015. We'll be monitoring these laboratory claims and may take future action to reinstate removal of these ICD-10 NOC codes.

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.

The MACs use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages, where appropriate. When denying claims associated with the attached NCDs, except where otherwise indicated, the MACs will use these messages:

- 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 12027 that you bring to their attention.

More Information

We issued [CR 12124](#) to your MAC as the official instruction for this change.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
June 22, 2022	We revised this article due to a revised CR 12124. The CR revision changed business requirements for NCD 90.2, Next Generation Sequencing. This results in a new spreadsheet for that NCD by retaining all ICD-10 Not Otherwise Classified (NOC) diagnosis codes proposed for deletion effective July 1, 2022. See important note in dark red font on page 2. Also, we changed the CR release date, transmittal number, and the CR web address. All other information is the same.
June 3, 2021	We revised this article to reflect a revised CR 12124. The CR revision changed a business requirement for NCD 90.2, Next Generation Sequencing. This results in a new spreadsheet for that NCD. CMS deleted the NCD 230.9, Cryosurgery of Prostate, business requirement and its spreadsheet. In this Article, we deleted the reference to NCD 230.9 and also changed the CR release date, transmittal number, and the web address of the CR. All other information is the same.
May 18, 2021	Initial Article released.

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