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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 10317 | Date: August 21, 2020 |
| | Change Request 11623 |

Transmittal 10029, dated April 1, 2020, is being rescinded and replaced by Transmittal 10317, dated, August 21, 2020, to update the title, background section and business requirement 11623.1 to include new procedure codes in Version 37.2 of the International Classification of Diseases Tenth Revision (ICD-10) Medicare Severity - Diagnosis Related Groups (MS-DRG) Grouper and ICD-10 Medicare Code Editor (MCE), All other information remains the same.

SUBJECT: Update to the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for Vaping Related Disorder and Diagnosis and Procedure Codes for the 2019 Novel Coronavirus (COVID-19)

I. SUMMARY OF CHANGES: This Change Request (CR) adds new ICD-10-Clinical Modification (CM) codes for vaping related disorder and 2019 Novel Coronavirus (COVID-19) and ICD-10 Procedure Coding System (PCS) codes to the Medicare Severity – Diagnosis Related Groups (MS-DRG) Grouper and Medicare Code Editor (MCE) effective for discharges on and after April 1, 2020. Twelve new procedure codes to describe the introduction or infusion of therapeutics, including remdesivir and convalescent plasma into the ICD-10-PCS are effective for discharges on and after August 01, 2020. This Recurring Update Notification applies to chapter 3, section 20.3.4.

EFFECTIVE DATE: April 1, 2020 - For vaping-related and COVID-19 related diagnosis codes included in V37.1 of the MS-DRG Grouper and MCE.; August 1, 2020 - For new procedure codes included in V37.2 of the MS-DRG Grouper and MCE.

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

IMPLEMENTATION DATE: April 6, 2020

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 | |

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: 10317 | Date: August 21, 2020 | Change Request: 11623 |
|-------------|--------------------|-----------------------|-----------------------|

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

IMPLEMENTATION DATE: April 6, 2020

I. GENERAL INFORMATION

A. Background: In response to recent occurrences of vaping related disorders and the 2019 Novel Coronavirus (COVID-19) public health emergency, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing new diagnosis codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting vaping-related disorder and 2019 Novel Coronavirus (COVID-19) conditions effective April 1, 2020. The Centers for Medicare and Medicaid Services (CMS) is implementing twelve new procedure codes to describe the introduction or infusion of therapeutics, including remdesivir and convalescent plasma into the ICD-10-PCS, effective for discharges on and after August 01, 2020.

The Grouper Contractor, 3M Health Information Systems (3M-HIS), developed the new International Classification of Diseases Tenth Revision (ICD-10) Medicare Severity – Diagnosis Related Groups (MS-DRG) Grouper and ICD-10 Medicare Code Editor (MCE), Version 37.1, software packages to accommodate the new diagnosis codes, effective for discharges on or after April 1, 2020 and subsequently the MS-DRG Grouper and MCE, Version 37.2, software packages were developed to accommodate the new procedure codes, effective for discharges on or after August 1, 2020. The GROUPER assigns each case into an MS-DRG based on reported diagnosis and procedure codes and demographic information (that is age, sex, and discharge status). The MCE, Version 37.1, uses edits for the ICD-10 diagnosis codes reported to validate correct coding on claims for discharges on or after April 1, 2020 and subsequently, the MCE, Version 37.2, was developed for the procedure codes, effective August 1, 2020.

The ICD-10 MS-DRG V37.2 Definitions Manual Table of Contents and the Definitions of Medicare Code Edits V37.2 manual are located on the MS-DRG Classifications and Software webpage (at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software.html>).

B. Policy: There is no policy change. Current policy is available in the Claims Processing Manual Publication (Pub.) 100-04, Chapter 3, Section 20.2.1 - Medicare Code Editor (MCE) and 20.2.2 - DRG GROUPER Program.

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | | |
|---------|---|----------------|---|-------------|-------------|----------------------------------|-------------|-------------|-------------|-------|--|
| | | A/B MAC | | | D M E | Shared- System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| 11623.1 | The Medicare contractor shall install and edit claims with the MS-DRG Grouper and MCE version 37.1 software with the implementation of the April 2020 quarterly release for dates of discharge on and after April 1, 2020 for the diagnosis codes and for discharges on and after August 1, 2020 for the procedure codes. | | | | | X | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | | | |
|---------|---|----------------|---|-------------|-------------|------------------|--|--|
| | | A/B MAC | | | D M E | C E D I | | |
| | | A | B | H H H | | | | |
| 11623.2 | MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter. | 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): Cami DiGiacomo, cami.digiacomo@cms.ggs.gov

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: 0