CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11179	**Date: January 12, 2022**
	Change Request 12480

Transmittal 11068, dated October 21, 2021, is being rescinded and replaced by Transmittal 11179, dated, January 12, 2022 to revise the attachment for NCD 110.24, CAR-T, to add business requirement 12480.10.1 by adding generic unspecified procedure codes, to clarify coverage and claims processing in the policy section and to review the implementation date. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- April 2022 (CR 1 of 2)

I. SUMMARY OF CHANGES: This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

EFFECTIVE DATE: April 1, 2022 - unless otherwise specified in individual requirements
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: February 14, 2022 - For MAC only correction BR 12480.10.1; November 23, 2021 - For MAC Business Requirements (BRs) except BR 12480.10.1; April 4, 2022 - Shared Systems 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: 11179	Date: January 12, 2022	Change Request: 12480

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SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- April 2022 (CR 1 of 2)

EFFECTIVE DATE: April 1, 2022 - unless otherwise specified in individual requirements
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: February 14, 2022 - For MAC only correction BR 12480.10.1; November 23, 2021 - For MAC Business Requirements (BRs) except BR 12480.10.1; April 4, 2022 - Shared Systems Maintainers

I. GENERAL INFORMATION

A. Background: This CR constitutes a maintenance update of ICD-10 conversions and other coding updates specific to 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 NCD policy.

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/CR12480.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. GEMs mapping is no longer provided by CMS as of October 1, 2019. 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: A/B MACs Part A and A/B MACs Part B 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.

NOTE: Specific to NCD 110.24, CAR-T, CMS is providing further clarifying information regarding coverage/claims processing: CMS does not prohibit Part B payment for reasonable and necessary CAR-T services, so long as the therapies are furnished in Risk Evaluation and Mitigation Strategies (REMS) - approved facilities and the claims include the appropriate coding. For instance, the physician/NPP would provide the CAR-T service at a Part A facility, Inpatient (IP) or Outpatient (OP) setting, and would bill Part B for the administration only (0540T).

The term “associated clinics” was formulated for CAR-T because many oncologists provide infusion services in specialized infusion centers that may be adjacent to oncology offices or may be set up separately as OP infusion centers. Basically, any place that is not located within a hospital but is properly equipped as an infusion center would be considered an “associated clinic” for the purpose of the REMS.

The -KX modifier can only be used on Part A OP and Part B claims but not Part A IP claims. However, once a provider has been identified as an FDA REM-approved facility, they are added to a special edit that allows all claims IP and OP to automatically process as an FDA REM-approved facility, whether the -KX modifier is present or not. This is a clarification that Part A claims will process. The -KX modifer is still required on Part B claims. See CR 12177 for the initial implementing instructions.

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	
12480.1	NCD 20.4 Implantable Cardiac Defibrillators (ICDs) Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. See attached spreadsheet.	X	X			X	X			
12480.2	NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. See attached spreadsheet.	X	X			X	X			
12480.3	NCD 20.31.1 ICR Pritkin Program	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. See attached spreadsheet.									
12480.4	NCD 20.31.2 ICR Ornish Program Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. See attached spreadsheet.	X	X			X	X			
12480.5	NCD 20.31.3 ICR Benson-Henry Program Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. See attached spreadsheet.	X	X			X	X			
12480.6	NCD 20.9.1 Ventricular Assist Devices (VADs) Contractors shall add ICD-10 dx I5.A as coverable effective October 1, 2021. Contractors shall add ICD-10 PCS 02WA3QZ, 02WA4QZ effective April 1, 2022. See attached spreadsheet.	X	X							
12480.7	NCD 30.3.3 Acupuncture for Chronic Low Back Pain Contractors shall end-date ICD-10 dx M54.5 effective September 30, 2021. Contractors shall add ICD-10 dx M54.51, M54.59 as coverable effective October 1, 2021. Contractors shall delete ICD-10 unspecified dx:	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	S32.000A, S32.000B, S32.000D, S32.000G, S32.000K, S32.000S, S32.001A, S32.001B, S32.001D, S32.001G, S32.001K, S32.001S, S32.002A, S32.002B, S32.002D, S32.002G, S32.002K, S32.002S, S32.008A, S32.008B, S32.008D, S32.008G, S32.008K, S32.008S, S32.009A, S32.009B, S32.009D, S32.009G, S32.009K, S32.009S, S39.002A, S39.002D, S39.002S effective April 1, 2022. See attached spreadsheet.									
12480.8	NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis Contractors shall add ICD-10 dx C56.3, C79.63, C84.7A as coverable effective October 1, 2021. Contractors shall delete ICD-10 unspecified dx: D49.89, D49.4, D49.511, D49.512, D49.6 effective April 1, 2022. See attached spreadsheet.	X			X	X				
12480.9	NCD 110.23 Stem Cell Transplants Contractors shall add ICD-10 dx C84.7A as coverable for autologous SCT effective October 1, 2021. Contractors shall end-date ICD-10 PCS: 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2,	X	X			X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	30240Y3 for Allogeneic SCT, and 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 for Autologous SCT effective September 30, 2021. Contractors shall delete ICD-10 unspecified dx: C47.9, C72.50, C72.9, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C85.91, C85.92, C85.93, C85.94, C85.96, C85.97, C85.98, C85.99, C95.91, C96.20, C93.91, C92.91, C91.91, C96.9 effective April 1, 2022. See attached spreadsheet.									
12480.10	NCD 110.24 Chimeric Antigen Receptor (CAR) T-Cell Therapy Contractors shall end-date HCPCS C9081 for ABECMA effective December 31, 2021. Contractors shall add HCPCS Q2055 as coverable for ABECMA effective January 1, 2022. Contractors shall add ICD-10 PCS effective October 1, 2021 as follows: XW033H7, XW043H7 for Yescarta, XW033J7, XW043J7 for Kymriah, XW033K7, XW043K7 for ABECMA, XW033M7, XW043M7 for Tecartus, XW043N7, XW033N7 for Breyanzi. Contractors shall end-date ICD-10 PCS effective September 30, 2021, as	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	follows: XW033C3, XW043C3 for Yescarta, Kymriah, ABECMA, XW23346, XW24346 for Tecartus, XW24376, XW23376 for Breyanzi. Contractors shall add ICD-10 dx C91.00, C91.02 as coverable for Tecartus™ effective 10/1/21. Contractors shall add ICD-10 dx C82.01-C82.09, C82.11-C82.19, C82.31-C82.39, C82.41-C82.49, C82.51-C82.59, C82.61-C82.69, C82.81-C82.89 as coverable for Yescarta® effective 3/5/21. See attached spreadsheet.									
12480.10.1	Continued--- Contractors shall add ICD-10 PCS effective October 1, 2021, as follows: <u>Autologous codes to be used for new/future CAR T-cell products FDA-approved under NCD 110.24 while awaiting their own PCS code, and for use in clinical trials FDA-approved under NCD 310.1:</u> XW033C7 Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7 XW043C7 Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous	X								

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Approach, New Technology Group 7 <u>Allogeneic codes to be used for new/future FDA-approved CAR T-cell products awaiting their own PCS code, and for use in clinical trials FDA-approved under NCD 310.1:</u> XW033G7 Introduction of Allogeneic Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7 XW043G7 Introduction of Allogeneic Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7									
12480.11	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							
12480.12	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. Group Code PR 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 assigning financial liability	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	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.									
12480.13	Contractors shall ATTEND up to two 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the April 2022 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued IF NEEDED.	X	X			X	X			
12480.14	A/B MACs Part A and A/B MACs Part B shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12480.15	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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) , Wanda Belle, 410-786-7491 or wanda.belle@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: 10-Refer to Section B