

<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 11636</b>	<b>Date: October 5, 2022</b>
	<b>Change Request 12842</b>

**Transmittal 11546, dated August 4, 2022, is being rescinded and replaced by Transmittal 11636, dated, October 5, 2022, to remove ICD-10 dx codes added in error to NCD 150.3, business requirement 12842.4, and restore ICD-10 dx C91.92 removed in error to NCD 110.23, business requirement 12842.3. All other information remains the same.**

**SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2023 Update--2 of 2**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide 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 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, longstanding NCD process.

**EFFECTIVE DATE: January 1, 2023 - or as noted in individual business requirements**

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

**IMPLEMENTATION DATE: September 6, 2022 - business requirements 12842.2, 12842.8; January 3, 2023**

***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: 11636	Date: October 5, 2022	Change Request: 12842
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**IMPLEMENTATION DATE: September 6, 2022 - business requirements 12842.2, 12842.8; January 3, 2023**

## 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/CR12842.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 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.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12842.1	<p>NCD 20.32 Transcatheter Aortic Valve Replacement (TAVR)</p> <p>Contractors shall add ICD-10 PCS code 02RF38N effective October 1, 2022.</p> <p>See attached spreadsheet.</p>	X				X				
12842.2	<p>NCD 110.18 Aprepitant</p> <p>Contractors shall note revised descriptors for ICD-10 diagnosis code (dx) C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C94.6 effective October 1, 2022 (no action should be necessary)</p> <p>See attached spreadsheet.</p>	X			X					
12842.3	<p>NCD 110.23 Stem Cell Transplants</p> <p>Contractors shall add ICD-10 dx D81.82 effective October 1, 2022, and C91.92 effective October 1, 2015, to allogeneic list of codes.</p> <p>Contractors shall note revised descriptors to ICD-10 dx C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49 under autologous list of codes effective October 1, 2022 (no action should be necessary).</p> <p>See attached spreadsheet.</p>	X	X			X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12842.4	This business requirement has been deleted.	X	X						X	
12842.5	<p>NCD 160.18 Vagus Nerve Stimulation (VNS)</p> <p>Contractors shall add ICD-10 dx F01.511, F01.518, F02.811, F02.818, F03.911, F03.918 effective October 1, 2022.</p> <p>Contractors shall end-date ICD-10 dx F01.51, F02.81, F03.91 effective September 30, 2022.</p> <p>Contractors shall note revised descriptors to ICD-10 dx F01.50, F02.80, F03.90, G31.09, G31.83 effective October 1, 2022 (no action should be necessary).</p> <p>See attached spreadsheet.</p>	X	X			X	X			
12842.6	<p>NCD 190.3 Cytogenetic Studies</p> <p>Contractors shall end date ICD-10 dx D75.82, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9 effective September 30, 2022.</p> <p>Contractors shall note revised descriptors for ICD-10 dx C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49 effective October 1, 2022 (no action should be necessary).</p> <p>See attached spreadsheet.</p>	X	X			X	X			
12842.6.1	<p>NCD 190.3 Cytogenetic Studies (cont)</p> <p>Contractors shall add ICD-10 dx O35.10X0, O35.10X1, O35.10X2, O35.10X3, O35.10X4, O35.10X5, O35.10X9, O35.11X0, O35.11X1, O35.11X2,</p>	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	O35.11X3, O35.11X4, O35.11X5, O35.11X9, O35.12X0, O35.12X1, O35.12X2, O35.12X3, O35.12X4, O35.12X5, O35.12X9, O35.13X0, O35.13X1, O35.13X2, O35.13X3, O35.13X4, O35.13X5, O35.13X9, O35.14X0, O35.14X1, O35.14X2, O35.14X3, O35.14X4, O35.14X5, O35.14X9, O35.15X0, O35.15X1, O35.15X2, O35.15X3, O35.15X4, O35.15X5, O35.15X9, O35.19X0, O35.19X1, O35.19X2, O35.19X3, O35.19X4, O35.19X5, O35.19X9 effective October 1, 2022.									
12842.7	NCD 210.6 Screening for Hepatitis B Vaccine  Contractors shall add ICD-10 dx F11.91, F13.91, F14.91 effective October 1, 2022.  See attached spreadsheet.	X	X			X	X			
12842.8	NCD 220.6.17 PET for Solid Tumors  Contractors shall note revised descriptors for ICD-10 dx C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49 effective October 1, 2022 (no action should be necessary).  See attached spreadsheet.	X	X							
12842.9	NCD 220.6.20 PET Beta Amyloid for Dementia/Neurodegenerative Disease  Contractors shall add ICD-10 dx: F01.511, F01.518, F01.52,	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4 effective October 1, 2022.									
12842.9.1	NCD 220.6.20 PET Beta Amyloid for Dementia/Neurodegenerative Disease (cont.)  Contractors shall end-date ICD-10 dx F01.51, F02.81, F03.91 effective September 30, 2022.  Contractors shall note revised descriptors for ICD-10 dx F01.50, F03.90, G31.09, G31.84 effective October 1, 2022 (no action should be necessary).  See attached spreadsheet	X	X			X	X			
12842.10	NCD 260.1 Adult Liver Transplants  Contractors shall add ICD-10 dx K76.82 effective October 1, 2022.  See attached spreadsheet.	X	X			X	X			
12842.11	NCD 260.5 Intestinal/Multi-	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<p>Visceral Transplants</p> <p>Contractors shall add ICD-10 dx Z87.61, Z87.763 effective October 1, 2022.</p> <p>See attached spreadsheet.</p>									
12842.12	<p>NCD 260.9 Heart Transplants</p> <p>Contractors shall end-date ICD-10 dx I34.8, I47.2, Q21.1, Q21.2 effective September 30, 2022.</p> <p>Contractors shall add ICD-10 dx I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I34.89, I47.20, I47.21, I47.29, Q21.10, Q21.11, Q21.12, Q21.13, Q21.14, Q21.15, Q21.16, Q21.19, Q21.20, Q21.21, Q21.22, Q21.23 effective October 1, 2022.</p> <p>See attached spreadsheet.</p>	X	X			X	X			
12842.13	<p>Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.</p>	X	X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12842.14	<p>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</p>	X	X			

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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.					

#### 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):** Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov , Patricia Brocato-Simons, 410-786-0261 or Patricia.brocatosimons@cms.hhs.gov , Lisa Davis, 410-786-4334 or lisa.davis@cms.hhs.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: Refer to Section B.**