

<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 11676</b>	<b>Date: November 4, 2022</b>
	<b>Change Request 12960</b>

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

**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: April 1, 2023 - or as noted in individual business requirements**

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

**IMPLEMENTATION DATE: April 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: 11676	Date: November 4, 2022	Change Request: 12960
-------------	--------------------	------------------------	-----------------------

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

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

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

**IMPLEMENTATION DATE: April 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/CR12960.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.

## 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	
12960.1	<p>NCD 20.4 - Implantable Automatic Defibrillators (ICDs)</p> <p>Contractors shall end-date ICD-10 diagnosis I47.2 effective September 30, 2022.</p> <p>Contractors shall add ICD-10 diagnosis I47.20, I47.21, I47.29 effective October 1, 2022.</p> <p>See attached spreadsheet.</p>	X	X			X	X			
12960.2	<p>NCD 210.10 - Screening for STIs</p> <p>Contractors shall add CPT 0353U effective 10/1/22.</p> <p>See attached spreadsheet.</p>	X	X				X		X	
12960.3	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			DME MAC	CEDI		
		A	B	HHH				
12960.4	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	X	X					

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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: 2**

<b>I47.20</b>	20.4
<b>NCD Title:</b>	Implantable Automatic Defibrillator (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, <b>CR12960</b> )
<b>IOM:</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf</a>
<b>MCD:</b>	<a href="https://www.cms.gov/files/document/R10635CP.pdf">https://www.cms.gov/files/document/R10635CP.pdf</a>
<b>ICD-10 CM</b>	
Effective for <b>outpatient institutional</b> and <b>professional</b> claims (Defibrillator specific HCPCS codes; see Rules tab) DOS after 2/15/2018	
<b>Group 1 Diagnosis Codes</b>	
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
<b>I47.20</b>	<b>Ventricular tachycardia, unspecified</b>
<b>I47.21</b>	<b>Torsades de pointes</b>
<b>I47.29</b>	<b>Other ventricular tachycardia</b>
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.9	Cardiac arrhythmia, unspecified
I5A	Non-ischemic myocardial injury (non-traumatic)
T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A	Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A	Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A	Displacement of cardiac electrode, initial encounter
T82.121A	Displacement of cardiac pulse generator (battery), initial encounter
T82.128A	Displacement of other cardiac electronic device, initial encounter
T82.129A	Displacement of unspecified cardiac electronic device, initial encounter
T82.190A	Other mechanical complication of cardiac electrode, initial encounter
T82.191A	Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A	Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A	Other mechanical complication of unspecified cardiac device, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
Z00.6	Encounter for examination for normal comparison and control in clinical research program ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z86.74	Personal history of sudden cardiac arrest
<b>OR</b> one of the following:	
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
<b>AND</b> , paired with 1 of the following:	
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
<b>OR</b>	
Z76.82	Awaiting organ transplant status
<b>AND</b> , paired with:	
I50.84	End stage heart failure

ICD-10 CM	
	Effective for <b>outpatient institutional</b> and <b>professional</b> claims that contain a <b>procedure code from Group 2</b> (HCPCS defibrillator codes; see Rules tab) effective 2/15/2018
	<b>Group 2 Diagnosis Codes</b>
<b>G90.01</b>	<b>Carotid sinus syncope</b>
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
<b>I44.0</b>	<b>Atrioventricular block, first degree</b>
<b>I44.1</b>	<b>Atrioventricular block, second degree</b>
<b>I44.2</b>	<b>Atrioventricular block, complete</b>
<b>I44.30</b>	<b>Unspecified atrioventricular block</b>
<b>I44.7</b>	<b>Left bundle-branch block, unspecified</b>
<b>I45.10</b>	<b>Unspecified right bundle-branch block</b>
<b>I45.19</b>	<b>Other right bundle-branch block</b>
<b>I45.2</b>	<b>Bifascicular block</b>
<b>I45.3</b>	<b>Trifascicular block</b>
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
<b>I47.1</b>	<b>Supraventricular tachycardia</b>
<b>I47.20</b>	<b>Ventricular tachycardia, unspecified</b>
<b>I47.21</b>	<b>Torsades de pointes</b>
<b>I47.29</b>	<b>Other ventricular tachycardia</b>
<b>I47.9</b>	<b>Paroxysmal tachycardia, unspecified</b>
<b>I48.11</b>	<b>Longstanding persistent atrial fibrillation</b>
<b>I48.19</b>	<b>Other persistent atrial fibrillation</b>
<b>I48.3</b>	<b>Typical atrial flutter</b>
<b>I48.4</b>	<b>Atypical atrial flutter</b>
<b>I48.91</b>	<b>Unspecified atrial fibrillation</b>
<b>I48.92</b>	<b>Unspecified atrial flutter</b>
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
<b>I49.5</b>	<b>Sick sinus syndrome</b>
I49.9	Cardiac arrhythmia, unspecified
I5A	Non-ischemic myocardial injury (non-traumatic)
<b>Q24.6</b>	<b>Congenital heart block</b>
T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A	Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A	Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A	Displacement of cardiac electrode, initial encounter
T82.121A	Displacement of cardiac pulse generator (battery), initial encounter
T82.128A	Displacement of other cardiac electronic device, initial encounter
T82.129A	Displacement of unspecified cardiac electronic device, initial encounter
T82.190A	Other mechanical complication of cardiac electrode, initial encounter
T82.191A	Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A	Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A	Other mechanical complication of unspecified cardiac device, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
Z00.6	Encounter for examination for normal comparison and control in clinical research program ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z86.74	Personal history of sudden cardiac arrest

<b>ICD-10 CM</b>	
	<b>OR</b>
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
	<b>AND</b> paired with:
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
	<b>OR</b>
Z76.82	Awaiting organ transplant status
	<b>AND</b> paired with:
I50.84	End stage heart failure
<b>Note:</b>	<b>G90.01, I44.0, I44.1, I44.2, I44.30, I44.7, I45.10, I45.19, I45.2, I45.3, I47.1, I47.9, I48.11, I48.19, I48.3, I48.4, I48.91, I48.92, I49.5 and Q24.6 indicate pacemaker diagnosis codes</b>
<b>Please see the ICD Procedure tab for IP institutional diagnosis codes</b>	

<b>NCD:</b>	20.4
<b>NCD Title:</b>	Implantable Automatic Defibrillator (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12960)
<b>IOM:</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf</a>
<b>MCD:</b>	<a href="https://www.cms.gov/files/document/R10635CP.pdf">https://www.cms.gov/files/document/R10635CP.pdf</a>
<b>ICD-10 PCS</b>	<b>ICD-10 PCS Description</b>
Effective for ICD <b>inpatient institutional claims</b> dates of service on or after February 15, 2018	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH638Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH639Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH808Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH809Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH838Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH839Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
02H60KZ	Insertion of Defibrillator Lead into Right Atrium, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H64KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Endoscopic Approach
02H70KZ	Insertion of Defibrillator Lead into Left Atrium, Open Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02H74KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Endoscopic Approach
02HK0KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK4KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL0KZ	Insertion of Defibrillator Lead into Left Ventricle, Open Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HL4KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Endoscopic Approach
0JH60FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH63FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
	<b>AND ICD 10 DX codes:</b>
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.9	Cardiac arrhythmia, unspecified
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z86.74	Personal history of sudden cardiac arrest
	<b>OR</b>
I25.2	Old myocardial infarction

ICD-10 PCS	ICD-10 PCS Description
I25.5	Ischemic cardiomyopathy
	<b>AND</b>
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
	<b>OR</b>
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
	<b>AND</b>
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
	<b>OR</b>
Z76.82	Awaiting organ transplant status
	<b>AND</b>
I50.84	End stage heart failure
	<b>OR</b>
Z00.6	Encounter for examination for normal comparison and control in clinical research program <b>ONLY</b> in the context of a Category B IDE trial denoted by the presence of an IDE number

<b>NCD:</b> 20.4										
<b>NCD Title:</b> Implantable Automatic Defibrillator (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12606, CR12960)										
<b>IOM:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf</a>										
<b>MCD:</b> <a href="https://www.cms.gov/files/document/R10635CP.pdf">https://www.cms.gov/files/document/R10635CP.pdf</a>										
Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
	Effective DOS 2/15/18, coverage policy is no longer contingent on participation in a trial/study/registry. Therefore, claims with DOS on or after 2/15/18, no longer require trial related coding unless they are associated with a Category B IDE trial, in which case ICD-10 dx Z00.6 must be appended to the claim.									
	<b>A/MAC, FISS:</b> For <b>outpatient and professional claims</b> with DOS on or after 2/15/18, contractors shall accept and pay outpatient and professional ICD services that meet the coverage criteria outlined in NCD 20.4.	<b>Group 1:</b> 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, G0448 <b>Group 2:</b> 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, 33225								
	<b>A/MAC, FISS:</b> Effective for ICD <b>inpatient institutional claims</b> TOB 11x with DOS on or after 2/15/18, contractors shall edit claims to meet one (1) of the following criteria: see ICD dx and procedure tabs.			11X						
<b>Part A</b>	<b>A/MACs:</b> Contractors shall deny claims for ICD services when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals, hospital-based outpatient clinics, Ambulatory Surgery Centers or Military facilities as indicated by institutional claims TOB's 11x, 12x, 13x, and 85X using the following messages:			11X 12X 13X 85X				16.2	171	N428
	<b>A/MACs:</b> Contractors shall deny claims for ICD services that do not contain an appropriate dx code from CR 12104.2, 3, and 4 using the following messages:							15.19 15.20	11	N386

<b>NCD:</b> 20.4										
<b>NCD Title:</b> Implantable Automatic Defibrillator (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12606, CR12960)										
<b>IOM:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf</a>										
<b>MCD:</b> <a href="https://www.cms.gov/files/document/R10635CP.pdf">https://www.cms.gov/files/document/R10635CP.pdf</a>										
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	Effective DOS 2/15/18, coverage policy is no longer contingent on participation in a trial/study/registry. Therefore, claims with DOS on an after 2/15/18, no longer require trial-related coding unless they are associated with a Category B IDE trial, in which case ICD-10 dx Z00.6 must be appended to the claim.									
Part B		<b>Group 1:</b> 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, G0448 <b>Group 2:</b> 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, 33225								
Part B	<b>B/MAC, MCS (118L):</b> For outpatient and professional claims with DOS on or after 2/15/18, contractors shall accept and pay outpatient and professional ICD services that meet the coverage criteria outlined in NCD 20.4.									
Part B	<b>B/MACs:</b> Contractors shall deny claims for ICD services when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals, hospital-based outpatient clinics, Ambulatory Surgery Centers, or Military facilities as indicated by professional claims (POS) codes 19, 21, 22, 24, 26 using the following messages:			19 21 22 24 26				16.2	171	N428
Part B	<b>B/MACs:</b> Contractors shall deny claims for ICD services that do not contain an appropriate dx code from CR 12104.2, 3, and 4 using the following messages:							15.19 15.20	11	N386
	<b>CR9631:</b> Remove dx and procedure codes. Revise/clarify rule description. Clarify implementation is at sole discretion of the MACs until further notice from CMS. Update CORE messaging. <b>CR10865:</b> Implement MAC edits.									

<b>NCD:</b>	20.4						
<b>NCD Title:</b>	Implantable Automatic Defibrillator (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12606, CR12960)						
<b>IOM:</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf</a>						
<b>MCD:</b>	<a href="https://www.cms.gov/files/document/R10635CP.pdf">https://www.cms.gov/files/document/R10635CP.pdf</a>						
	<p><del>CR12104:</del> implement shared edits.</p> <p><b>CR12399:</b> POS 24 added. Spreadsheet updated to comport with CR 12104 shared edits. No further actions necessary.</p> <p><b>CR12480:</b> Add ICD-10 dx I5A to Groups 1 and 2 effective 10/1/21.</p> <p><b>CR12606:</b> Corrected 7 incorrect ICD-10 dx descriptors on procedure tab, 1 incorrect dx code on dx tab. Replaced note on dx tab removed in error.</p> <p><b>CR12960:</b> Expanded ICD-10 dx I47.2 to I47.20, I47.21, and I47.29 effective 10/1/2022. MCS 036L</p>						

<b>NCD:</b>	210.10
<b>NCD Title:</b>	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs
<b>IOM:</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>
<b>MCD:</b>	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAAAA&amp;</a>
<b>CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.</b>	
<b>ICD-10 CM</b>	<b>ICD-10 DX Description</b>
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.59	Encounter for screening for other viral diseases
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z72.89	Other problems related to lifestyle

<b>NCD:</b>	210.10
<b>NCD Title:</b>	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs
<b>IOM:</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>
<b>MCD:</b>	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAAAA&amp;</a>
<p><b>CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.</b></p>	
<b>ICD-10 PCS</b>	<b>ICD-10 PCS Description</b>
N/A	N/A

NCD: 210.10										
NCD Title: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, CR12960)										
IOM: <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>										
MCD: <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;</a>										
Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	Contractors shall deny claims for the listed screening services containing ICD-10 dx Z11.3 (for Chlamydia, Gonorrhea, Syphilis) or Z11.59 (for Hepatitis B) when submitted on a TOB other than 13X, 14X, and 85X (when the revenue code is not 096X, 097X, or 098X).	<b>Chlamydia:</b> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800 (used for combined chlamydia and gonorrhea testing), 0353U (used for combined chlamydia/gonorrhea testing) <b>Gonorrhea:</b> 87590, 87591, 87850, 87800 (used for combined chlamydia and gonorrhea testing), 0353U (used for combined chlamydia/gonorrhea testing) <b>Syphilis:</b> 86592, 86593, 86780 <b>Hepatitis B:</b> (hepatitis B surface antigen): 87340, 87341	see specifics below	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	21.25	171	N428
Part A	CWF shall create an edit and Contractors shall allow one (1) annual screening test (each) for <b>chlamydia, gonorrhea, or syphilis</b> in women <u>at increased risk</u> who are <b>not</b> pregnant when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior  Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.	86631 86632 87110 87270 87320 87490 87491 87810 87800 87590 87591 87850 86592 86593 86780 0353U	1 per year	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	CWF shall create an edit and Contractors shall allow one (1) annual screening test for <b>syphilis</b> in <b>men</b> <u>at increased risk</u> when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior  Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.	86592 86593 86780	1 per year	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>chlamydia</b> in pregnant women who are <u>at increased risk</u> for STIs when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes	86631 86632 87110 87270 87320 87490 87491 87810 87800 0353U	2 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386

NCD: 210.10										
NCD Title: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, CR12960)										
IOM: <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>										
MCD: <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAA&amp;</a>										
Part A	CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>gonorrhea</b> in pregnant women who are <b>at increased risk</b> for STIs when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: CWF shall allow this edit to be overridable.	87800 87590 87591 87850 <b>0353U</b>	2 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	CWF shall create an edit and Contractors shall allow up to one (1) screening test per pregnancy for <b>syphilis</b> for women <b>not at increased risk</b> when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: CWF shall allow this edit to be overridable.	86592 86593 86780	1 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	CWF shall create an edit and Contractors shall allow up to three (3) screening tests per pregnancy for <b>syphilis</b> in pregnant women who are <b>at increased risk for STIs</b> when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: The 2nd and 3rd tests must be billed with ICD-10 dx Z11.3 AND Z72.89 OR Z72.51-Z52.53 AND one of the supervision of pregnancy dx codes. The initial test may be billed with or without Z72.89, Z72.51-Z72.53.  NOTE: CWF shall allow this edit to be overridable.	86592 86593 86780	3 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	CWF shall create an edit and Contractors shall allow up to one (1) screening test per pregnancy for <b>hepatitis B</b> for women <b>not at increased risk</b> when the screening is billed with the following: ICD-10 dx Z11.59 Encounter for screening for other viral diseases AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: CWF shall allow this edit to be overridable.	87340 87341	1 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386

NCD: 210.10										
NCD Title: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, CR12960)										
IOM: <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>										
MCD: <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;</a>										
Part A	<p>CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>hepatitis B</b> in pregnant women who are <b>at increased risk</b> for STIs when the screening is billed with the following:                      ICD-10 dx Z11.59 Encounter for screening for other viral diseases                      AND                      ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior                      AND                      accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.</p> <p>NOTE: The 2nd test must be billed with ICD-10 dx Z11.59 AND Z72.89 OR Z72.51-Z75.53 AND one of the supervision of pregnancy dx codes. The initial test may be billed with or without Z72.89, Z72.51-Z72.53.</p> <p>NOTE: CWF shall allow this edit to be overridable.</p>	87340 87341	2 per pregnancy term	13X 14X 85X when the revenue code is not 096X, 097X, or 098X	N/A	N/A	N/A	15.22 23.17	119 50	N362 N386
Part A	<p>CWF shall edit and Contractors shall allow only up to two (2) sessions of HIBC in a 12-month period and shall deny line items containing HCPCS G0445 that are submitted without ICD-10 dx Z72.89.</p> <p>NOTE: 11 full months must elapse following the month in which the first session took place.</p>	G0445	2 per 12 month period	13X 71X 77X 85X	N/A	N/A	N/A	23.17 20.5	50 119	N386 N362
Part A	<p>Contractors shall deny claims for HCPCS G0445 when submitted on a TOB other than 13X, 71X, 77X, or 85X</p>	G0445	2 per 12 month period	13X 71X 77X 85X	N/A	N/A	N/A	21.25	171	N428
Part A	<p>Contractors shall not pay HCPCS G0445 separately with another encounter/visit on the same day on claims billed with TOBs 71X and 77X.</p> <p>NOTE: This does not apply for IPPE claims, claims containing modifier 59, and 77x claims containing DSMT &amp; MNT services.</p>	G0445	2 per 12 month period	71X 77X	N/A	N/A	N/A	N/A	97	N/A

NCD: 210.10										
NCD Title: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, CR12960)										
IOM: <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>										
MCD: <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;</a>										
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	MCS shall create an edit and Contractors shall deny claims for the listed screening services containing ICD-10 dx Z11.3 (for Chlamydia, Gonorrhea, Syphilis) or Z11.59 (for Hepatitis B) when ordered by any provider specialty type not listed.	<b>Chlamydia:</b> 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800 (used for combined chlamydia and gonorrhea testing), <b>0353U (used for combined chlamydia/gonorrhea testing)</b> <b>Gonorrhea:</b> 87590, 87591, 87850, 87800 (used for combined chlamydia and gonorrhea testing), <b>0353U (used for combined chlamydia/gonorrhea testing)</b> <b>Syphilis:</b> 86592, 86593, 86780 <b>Hepatitis B:</b> (hepatitis B surface antigen): 87340, 87341	see specifics below	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	21.18	184	N/A
Part B	CWF shall create an edit and Contractors shall allow one (1) annual screening test (each) for <b>chlamydia, gonorrhea, or syphilis</b> in women <u>at increased risk</u> who are <b>not</b> pregnant when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior  Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.	86632 87110 87270 87320 87490 87491 87810 87800 87590 87591 87850 86592 86593 86780 <b>0353U</b>	1 per year	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.									
Part B	CWF shall create an edit and Contractors shall allow one (1) annual screening test for <b>syphilis in men</b> <u>at increased risk</u> when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior  Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.	86592 86593 86780	1 per year	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.									
Part B	CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>chlamydia</b> in pregnant women who are <u>at increased risk</u> for STIs when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes	86631 86632 87110 87270 87320 87490 87491 87810 87800 <b>0353U</b>	2 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.									

NCD: 210.10											
NCD Title: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, CR12960)											
IOM: <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>											
MCD: <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AgAAgAAAAA&amp;</a>											
	CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>gonorrhea</b> in pregnant women who are <u>at increased risk</u> for STIs when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.	87800 87590 87591 87850 <b>0353U</b>		2 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.										
	CWF shall create an edit and Contractors shall allow up to one (1) screening test per pregnancy for <b>syphilis</b> for women <u>not at increased risk</u> when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.	86592 86593 86780		1 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.										
	CWF shall create an edit and Contractors shall allow up to three (3) screening tests per pregnancy for <b>syphilis</b> in pregnant women who are <u>at increased risk</u> for STIs when the screening is billed with the following: ICD-10 dx Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: The 2nd and 3rd tests must be billed with ICD-10 dx Z11.3 AND Z72.89 OR Z72.51-Z75.53 AND one of the supervision of pregnancy diagnosis codes. The initial test may be billed with or without Z72.89, Z72.51-Z72.53.	86592 86593 86780		3 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.										
	CWF shall create an edit and Contractors shall allow up to one (1) screening test per pregnancy for <b>hepatitis B</b> for women <u>not at increased risk</u> when the screening is billed with the following: ICD-10 dx Z11.59 Encounter for screening for other viral diseases AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.	87340 87341		1 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
Part B	NOTE: CWF shall allow this edit to be overridable.										

<b>NCD:</b> 210.10										
<b>NCD Title:</b> Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (CR7610, CR8197, CR8691, <b>CR12960</b> )										
<b>IOM:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>										
<b>MCD:</b> <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&amp;ncdver=1&amp;bc=AqAAgAAAAA&amp;</a>										
<b>Part B</b>	CWF shall create an edit and Contractors shall allow up to two (2) screening tests per pregnancy for <b>hepatitis B</b> in pregnant women who are <b>at increased risk</b> for STIs when the screening is billed with the following: ICD-10 dx Z11.59 Encounter for screening for other viral diseases AND ICD-10 dx Z72.89 Other problems related to lifestyle OR Z72.51-Z75.53 High risk sexual behavior AND accompanied by one of the specified supervision of pregnancy ICD-10 dx codes.  NOTE: The 2nd test must be billed with ICD-10 dx Z11.59 AND Z72.89 OR Z72.51-Z75.53 AND one of the supervision of pregnancy dx codes. The initial test may be billed with or without Z72.89, Z72.51-Z72.53.	87340 87341	2 per pregnancy term	N/A	N/A	N/A	01 08 11 16 37 38 42 50 89 97	15.22 23.17	119 50	N362 N386
<b>Part B</b>	CWF shall edit and Contractors shall allow only up to two (2) sessions of HIBC in a 12-month period and shall deny line items containing HCPCS G0445 that are submitted without ICD-10 dx Z72.89. When applying frequency limitations to HCPCS code G0445, contractors shall allow both a claim for the professional service and a claim for a facility fee.  NOTE: 11 full months must elapse following the month in which the first session took place.	G0445	2 per 12 month period	11 22 49 71	N/A	N/A	01 08 11 16 37 38 42 50 89 97	23.17 20.5	50 119	N386 N362
<b>Part B</b>	Contractors shall deny items with HCPCS G0445 performed by any other provider specialty types not listed.	G0445	2 per 12 month period	11 22 49 71	N/A	N/A	01 08 11 16 37 38 42 50 89 97	21.18	170	N95
<b>Part B</b>	Contractors shall deny items with HCPCS G0445 with POS codes other than those listed.	G0445	2 per 12 month period	11 22 49 71	N/A	N/A	N/A	21.25	171	N428
<b>Revision History</b>										
<b>Revision Date</b>	<b>Revision History Explanation</b>									
<p><b>CR8691:</b> Clarified the use of ICD-10 dx Z11.3 and Z11.59 with their respective laboratory tests. High risk sexual behavior ICD-10 codes added as secondary coding options for screening tests for persons at increased risk. Corrected rule description for Hepatitis B screening to use dx Z11.59. Cells C8 and C22 corrected to remove hepatitis codes 87340 and 87341 from the list of CPT codes for chlamydia, gonorrhea, or syphilis screening. CARC-RARC combinations revised to comply with current CORE standards.</p> <p><b>CR12960:</b> Add CPT 0353U (used for combined chlamydia and gonorrhea testing) effective 10/1/2022. MCS 079D/169D.</p>										