DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

MLN Matters® Number: MM9982

Related Change Request (CR) #: CR 9982

Related CR Release Date: February 17, 2017

Effective Date: July 1, 2017 (Unless otherwise noted in individual NCDs)

Related CR Transmittal #: R1798OTN

Implementation Date: March 20, 2017, for MAC edits and July 3, 2017, for Shared Systems

ICD-10 Coding Revisions to National Coverage Determinations (NCDs)

Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 9982 is the 11th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CRs, specifically CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, CR 9751, and CR9861; while others are the result of revisions required to other NCD-related CRs released separately. MLN Matters® Articles **MM7818**, **MM8109**, **MM8197**, **MM8691**, **MM9087**, **MM9252**, **MM9540**, **MM9631**, **MM9751**, and **MM9861** contain information pertaining to these CRs.

Background

The translations from ICD-9 to ICD-10 are not consistent 1-1 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. In addition, for those policies that expressly allow MAC discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. There may be

certain ICD-9 codes that were once considered appropriate prior to ICD-10 implementation that are no longer considered acceptable, as of October 1, 2015.

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. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed.

CR9982 makes coding and clarifying adjustments to the following NCDs:

- NCD20.31 - Intensive Cardiac Rehabilitation (ICR)
- NCD20.31.1 - ICR Pritkin Program
- NCD20.31.2 - ICR Ornish Program
- NCD20.31.3 - ICR Benson-Henry Program
- NCD20.34 - Left Atrial Appendage Closure
- NCD190.3 - Cytogenetic Studies
- NCD260.3.1 - Islet Cell Transplants in Clinical Trials
- NCD270.1 - Electrical Stimulation & Electromagnetic Therapy for Treatment of Wounds
- NCD220.4 – Mammograms

The spreadsheets for the above NCDs are available at **https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR9982.zip**.

Please remember that coding and payment areas of the Medicare Program are separate and distinct from coverage policy/criteria. Revisions to codes within an NCD are carefully and thoroughly reviewed and vetted by the Centers for Medicare & Medicaid Services (CMS) 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.

Your MACs will use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages where appropriate. MACs will complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.

MACs will use default CAQH CORE messages where appropriate:

- RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update at **http://www.wpc-edi.com/reference** for CARC and RARC updates and **http://www.caqh.org/CORECodeCombinations.php** for CAQH CORE defined code combination updates.

When denying claims associated with the attached NCDs, except where otherwise indicated, A/B MACs will 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 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 MSN 8.81 per instructions in CR 7228/TR 2148 available at **https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2148CP.pdf.**

Your MAC will not search their files to adjust previously processed claims but will adjust any claims that you bring to their attention if appropriate to do so.

Additional Information

The official instruction, CR 9982, issued to your MAC regarding this change, is available at **https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1798OTN.pdf**.

If you have any questions, please contact your MAC at their toll-free number. That number is available at **https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/**.