



International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2021 Update

MLN Matters Number: MM11905

Related CR Release Date: July 31, 2020

Change Request (CR) Number: 11905

Effective Date: January 1, 2021

Related CR Transmittal Number: R10261OTN

Implementation Date: August 31, 2020- A/B MACs; January 4, 2021 - Shared Systems

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs providers about updated International Classification of Diseases, 10th Revision (ICD-10) conversions as well as coding updates specific to National Coverage Determinations (NCDs). Please make sure your billing staffs are aware of these updates.

BACKGROUND

Previous NCD coding changes appear in ICD-10 quarterly updates at: <u>https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html</u>, along with other CRs implementing new policy NCDs.

ICD-10 edits 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.

The translations from ICD-9 to ICD-10 are not consistent 1-to-1 matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs) guide or other mapping guides appropriate when reviewed against individual NCD policies. Please note that, as of October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) will no longer provide GEMs mapping. 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. 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: 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 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.

Relevant NCD coding changes in CR 11905 include:

- NCD 20.4 Implantable Cardiac Defibrillators (ICDs)
- NCD 50.3 Cochlear Implants
- NCD 90.2 Next Generation Sequencing (NGS)
- NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions

The NCD spreadsheets included with CR 11905 are available at https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11905.zip.

When denying claims associated with the attached NCDs, except where otherwise indicated, MACs will use:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- 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, CARC 50 is used.

Note: MACs will adjust any claims processed in error associated with CR 11905 that you bring to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 11905, issued to your MAC regarding this change is available at <u>https://www.cms.gov/files/document/r102610TN.pdf</u>.

If you have questions, your MACs may have more information. Find their website at <u>http://go.cms.gov/MAC-website-list</u>.

DOCUMENT HISTORY

Date of Change		Description	
August 4, 2020	Initial article released.		

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the



written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.

