

## **ICD-10 Medicare Code Editor (MCE) Version 39.1 Effective April 01, 2022**

### **I. New Medicare Code Edit**

As stated in the Fiscal Year (FY) 2022 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) final rule (86 FR 44940 through 44943), the Centers for Medicare & Medicaid Services (CMS) finalized the implementation of a new Medicare Code Edit (MCE) for “unspecified” International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes where there are other diagnosis codes available in that diagnosis code subcategory that further specify the anatomic site. CMS noted that this new code edit is to be implemented effective with discharges on and after April 1, 2022.

An updated version of the ICD-10 Medicare Severity Diagnosis Related Group (MS-DRG) GROUPER Software and Medicare Code Editor (MCE) ICD-10 Software along with the ICD-10 Definitions of Medicare Code Edits file Version 39.1 will be released by February 1, 2022 and made available via the internet on the CMS website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software>.

The ICD-10 MCE Version 39.1 software uses edits to detect and report errors in the claims data for the ICD-10 codes reported to validate correct coding on claims for discharges on or after April 01, 2022.

The list of codes subject to this new code edit are identified in Table 6P.3a associated with the FY 2022 IPPS/LTCH PPS final rule at: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-pps-final-rule-home-page#Tables>.

### **II. Non-Covered Procedure and Limited Coverage Edit Code List Updates**

There are some procedures for which Medicare does not provide payment. There are also procedures that would normally not be paid by Medicare but due to the presence of certain diagnoses are paid. Separately, for certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost.

#### **a. National Coverage Determination (NCD) 20.9 Artificial Heart and Related Devices**

Effective with discharges on and after December 1, 2020 NCD 20.9 Artificial Heart and Related Devices was inactivated. CMS removed NCD 20.9 from the NCD Manual and ended coverage with evidence development for artificial hearts nationally. As a result, the policy is no longer an NCD and coverage for claims reporting the use of these devices in the performance of a procedure is now under the jurisdiction of the local Medicare Administrative Contractors (MACs). In connection with this update, we have removed the following International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) procedure

codes from the Non-covered procedure codes and limited coverage edit code lists in the ICD-10 Medicare Severity Diagnosis Related Group (MS-DRG) GROUPER Software and Medicare Code Editor (MCE) ICD-10 Software along with the Definitions of Medicare Code Edits file Version 39.1, effective April 1, 2022.

ICD-10-PCS Procedure Codes

02RK0JZ Replacement of right ventricle with synthetic substitute, open approach

02RL0JZ Replacement of left ventricle with synthetic substitute, open approach

02WA0JZ Revision of synthetic substitute in heart, open approach

b. NCD 20.9.1 Ventricular Assist Devices (VADs)

Effective with discharges on and after December 1, 2020, NCD 20.9.1 Ventricular Assist Devices (VADs) was revised to reflect changes in coverage under certain conditions and criteria. As a result, CMS is removing the following procedure codes from the Non-covered procedure codes edit and adding them to the Limited coverage edit code list.

ICD-10-PCS Procedure Codes

02WA3QZ Revision of implantable heart assist system in heart, percutaneous approach

02WA4QZ Revision of implantable heart assist system in heart, percutaneous endoscopic approach

In addition, CMS is removing the following procedure codes from the Limited coverage edit code list

ICD-10-PCS Procedure Codes

02HA0QZ Insertion of implantable heart assist system into heart, open approach

02WA0QZ Revision of implantable heart assist system in heart, open approach

These changes will be reflected in the ICD-10 Medicare Severity Diagnosis Related Group (MS-DRG) GROUPER Software and Medicare Code Editor (MCE) ICD-10 Software along with the Definitions of Medicare Code Edits file Version 39.1, effective April 1, 2022.

Change Request (CR) 12290, Transmittal 10837, titled “National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs)”, was issued on June 11, 2021 and is available via the internet on the CMS website at: <https://www.cms.gov/files/document/r10837NCD.pdf>