CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12350	**Date: November 3, 2023**
	Change Request 13391

Transmittal 12319 issued October 19, 2023, is being rescinded and replaced by Transmittal 12350, dated November 3, 2023, to remove verbiage from NCD 90.2, revise the implementation date and business requirement 13391.11. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024 Update--CR 2 of 2

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed as a result of these updates.

EFFECTIVE DATE: April 1, 2024 - unless otherwise indicated in individual business requirements
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 21, 2023 - BRs 2, 6, 7, 12 - MACs; January 2, 2024 - BR 11; April 1, 2024 - unless otherwise indicated in individual business requirements.

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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 12350	Date: November 3, 2023	Change Request: 13391

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SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024 Update--CR 2 of 2

EFFECTIVE DATE: April 1, 2024 - unless otherwise indicated in individual business requirements
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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide a maintenance update of ICD10 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.

B. Policy: 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/CR13391.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	
13391.1	NCD 160.18 Vagus Nerve Stimulation (VNS) Contractors shall add ICD-10 dx G40.C11 and G40.C19 effective 10/1/2023. Contractors shall note revisions of dx tab of spreadsheet re: NCD 160.24 discussion that ICD-10 G20 is end-dated effective 9/30/2023 and ICD-10 dx G20.A1, G20.A2, G20.B1, G20.B2, G20.C are added effective 10/1/2023. Contractors shall apply a bypass for CPT C1827 effective 1/1/23 to allow coverage of an indication of stroke outside the NCD at MAC discretion. See attached spreadsheet.	X	X			X	X			
13391.2	NCD 160.24 Deep Brain Stimulation (DBS) Contractors shall end-date ICD-10 dx G20 effective 9/30/2023. Contractors shall add ICD-10 dx G20.A1, G20.A2, G20.B1, G20.B2, G20.C effective 10/1/2023. See attached spreadsheet.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13391.3	NCD 190.3 Cytogenetic Studies Contractors shall add discretionary ICD-10 dx D61.02 effective 10/1/2023. See attached spreadsheet.	X	X			X				
13391.4	NCD 210.3 Colorectal Cancer Screening Contractors shall end-date ICD-10 dx Z83.71 effective 9/30/2023. Contractors shall add ICD-10 dx Z83.710, Z83.711, Z83.718, Z83.719 effective 10/1/2023. See attached spreadsheet.	X	X			X	X			
13391.5	NCD 220.4 Mammograms Contractors shall add ICD-10 dx R92.30, R92.311, R92.312, R92.313, R92.321,R92.322, R92.323, R92.331, R92.332, R92.333, R92.341, R92.342, R92.343 effective 10/1/23. See attached spreadsheet.	X	X			X	X			
13391.6	NCD 220.6.17 - PET for Oncologic Conditions Contractors shall end-date ICD-10 dx D48.1 effective 9/30/23. Contractors shall add ICD-10 dx D48.19 effective 10/1/2023. See attached spreadsheet.	X	X							
13391.7	NCD 250.3 IVIG for Tx Autoimmune Mucocutaneous Blistering Disease Contractors shall add HCPCS J1554 and J1576 effective 7/1/2023.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	See attached spreadsheet.									
13391.8	NCD 260.1 Adult Liver Transplantation Contractors shall add ICD-10 dx Q44.71 effective 10/1/23. See attached spreadsheet.	X	X			X	X			
13391.9	NCD 260.5 Intestinal/Multivisceral Transplantation Contractors shall add ICD-10 dx K90.821, K90.822, K90.829 , K90.83 effective 10/1/23. Contractors shall end-date the following statement as of 10/1/23 as new code K90.83 represents this dx." NOTE: There are no specific dx codes for intestinal failure." See attached spreadsheet.	X	X			X	X			
13391.10	NCD 260.9 Heart Transplants Contractors shall end-date ICD-10 dx I24.8, I47.1 effective 9/30/2023. Contractors shall add ICD-10 dx I24.81, I24.89, I47.10, I47.11, I47.19 effective 10/1/2023. Contractors shall note revised description of I25.112 effective 10/1/2023. See attached spreadsheet.	X	X			X	X			
13391.11	NCD 90.2 Next Generation Sequencing Contractors shall end-date HCPCS 0397U and all associated dx codes for Agilent Resolution ctDx FIRST assay effective 9/30/23.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	See attached spreadsheet.									
13391.12	NCD 150.3 Bone Mass Measurements Contractors shall add ICD-10 dx M80.0B1A, M80.0B2A, M80.8B1A, M80.8B2A effective October 1, 2023. See attached spreadsheet.	X	X							
13391.13	Contractors shall not search claims but may adjust claims that are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13391.14	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 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.	X	X			

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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

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ATTACHMENTS:- Refer to Section B.