

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2005	Date: January 18, 2018
	Change Request 10318

Transmittal 1975, dated November 9, 2017, is being rescinded and replaced by Transmittal 2005, dated, January 18, 2018 to revise the MAC implementation date, several business requirements and attachments. All other information remains the same.

SUBJECT: ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)

I. SUMMARY OF CHANGES: This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (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, long-standing NCD process.

EFFECTIVE DATE: April 1, 2018 - Unless otherwise noted in requirements

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

IMPLEMENTATION DATE: January 29, 2018 - for local MAC edits; April 2, 2018 - for shared system edits (except FISS exception for requirements 1, 8, 12, 19, 21); July 2, 2018 - FISS only for requirements 1, 8, 12, 19, 21

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: 2005	Date: January 18, 2018	Change Request: 10318
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I. GENERAL INFORMATION

A. Background: This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (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.

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/CR10318.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. 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: Part A and Part B MACs (A/B MACs) 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

Number	Requirement	Responsibility										Other
		A/B MAC		D M E M A C	Shared- System Maintainers				C W F			
		A	B		H H H	F I S S	M C S	V M S				
10318.3	<p><u>NCD20.16 Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB):</u></p> <p>Contractors shall:</p> <p>End-date ICD-10 dx I27.2 effective September 30, 2017.</p> <p>Add ICD-10 dx I27.20, I27.21, I27.22, I27.23, I27.24, I27.29, I27.83 and R06.03 to the Covered dx list effective October 1, 2017.</p> <p>See spreadsheet</p>	X	X			X	X					
10318.4	<p><u>NCD20.29 Hyperbaric Oxygen (HBO) Therapy:</u></p> <p>Contractors shall:</p> <p>Add non-pressure chronic ulcer ICD-10 dx to Group 2 codes: L97.115, L97.116, L97.118, L97.125, L97.126, L97.128, L97.215, L97.216, L97.218, L97.225, L97.226, L97.228, L97.315, L97.316, L97.318, L97.325, L97.326, L97.328, L97.415, L97.416, L97.418, L97.425, L97.426, L97.428, L97.515, L97.516, L97.518, L97.525, L97.526, L97.528, L97.815, L97.816, L97.818, L97.825, L97.826, L97.828 effective October 1, 2017 (there are no '7' series codes)</p> <p>Delete ICD-10 dx L97.911, L97.912, L97.913, L97.914, L97.921, L97.922, L97.923, L97.924 effective 9/30/17.</p> <p>Note: Effective 4/3/17, section C, non-coverage of topical oxygen, is removed from NCD20.29, HBO, to allow MAC discretion. See implementing CR10220 (CR10220 does not impact existing edits in NCD20.29).</p> <p>See spreadsheet</p>	X	X			X	X					
10318.5	<p><u>NCD20.30 Microvolt T-Wave Alternans (MTWA):</u></p>	X	X			X	X					

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
	Contractors shall: Add ICD-10 dx I21.A1 effective October 1, 2017. End-date Z98.89 effective September 30, 2016. See spreadsheet										
10318.6	<u>NCD20.33 Transcatheter Mitral Valve Repair (TMVR):</u> Contractors shall: Add ICD-10 PCS 02WG37Z, 02WG38Z, 02WG3JZ, 02WG3KZ effective October 1, 2017. FISS shall add 02UG3KZ effective October 1, 2016. Delete RARC M51, delete CARC 96, add CARC 58 to align with RARC N386 on line 14. Delete RARC N569 replace with RARC N517, delete CARC 16, replace with CARC 50 on line 16 to align with CORE requirements. See spreadsheet	X	X				X				
10318.7	<u>NCD40.1 Diabetes Self-Management Training (DSMT):</u> Contractors shall: Delete ketoacidosis-related ICD-10 dx: E08.10,E09.10, E10.10, E13.10 effective October 1, 2015 (these patients are cared for in an inpatient setting and DSMT is conducted on an outpatient basis). See spreadsheet	X	X				X	X			
10318.8	<u>NCD80.2, 80.2.1, 80.3, 80.3.1 OPT Verteporfin</u> Contractors shall: Add ICD-10 dx H44.2A1, H44.2A2, H44.2A3, H44.2B1, H44.2B2, H44.2B3, H44.2C1, H44.2C2, H44.2C3, H44.2D1, H44.2D2, H44.2D3, H44.2E1,	X	X				X				

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	<p>H44.2E2, H44.2E3 to Discretionary dx code list effective October 1, 2017.</p> <p>FISS shall create discretionary RCs for inpatient edits 59190/59191.</p> <p>See spreadsheet</p>									
10318.9	<p><u>NCD110.18 Aprepitant:</u></p> <p>Contractors shall:</p> <p>End-date ICD-10 dx C96.2, D47.0 effective September 30, 2017.</p> <p>Add ICD-10 dx C96.21, C96.22, D47.01, D47.02, D47.09 effective October 1, 2017.</p> <p>Delete ICD-10 dx C00.2, C00.9, C02.9, C03.9, C04.9, C05.9, C06.9, C09.9, C10.9, C11.9, C13.9, C15.9, C16.9, C18.9, C25.9, C38.3, C41.9, C49.9, C4A.9, C57.9, C60.9, C62.91,</p> <p>C62.92, C77.9, C81.00, C81.10, C81.20, C81.30, C81.40, C81.70, C82.00, C82.10, C82.20, C82.30, C82.40, C82.50, C82.60, C82.80, C82.90, C83.00, C83.10, C83.30,</p> <p>C83.50, C83.70, C83.80, C83.90, C84.00, C84.10, C84.40, C84.60, C84.70, C84.90, C84.A0, C84.Z0, C85.10, C85.20, C85.90, D03.9 unspecified codes effective October 1, 2015.</p> <p>Remove ICD-9 dx and duplicate codes.</p> <p>See spreadsheet</p>	X			X					
10318.10	<p><u>NCD110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 dx D46.1, D51.0, D60.0, D60.1, D60.8, D60.9, D61.0, D61.1, D61.2, D61.3, D61.01, D61.09, D61.81, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D64.0, D64.1, D64.2, D64.3, D64.9, D63.8, D63.0, D63.1, D73.1,</p>	X	X				X			

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	E53.1, T45.1X5A effective January 1, 2017. See spreadsheet										
10318.11	<u>NCD110.23 Stem Cell Transplants:</u> Contractors shall: End-date ICD-10 dx C96.2 and E85.8 effective September 30, 2017. Add ICD-10 dx C96.20, C96.21, C96.22, C96.29, E85.81, E85.89 effective October 1,2017. See spreadsheet	X	X								
10318.12	<u>NCD160.27 TENS for Chronic Low Back Pain (CLBP):</u> Contractors shall: End-date M48.06 effective September 30, 2017. Add ICD-10 dx M48.061, M48.062 effective October 1, 2017. Delete ICD-10 dx M54.30, M54.40 NOC effective October 1, 2015. End-date ICD-9 codes effective September 30, 2015. FISS shall end-date all non-NCD RCs and replace with 59XXX RCs. See spreadsheet	X			X	X					
10318.13	<u>NCD190.3 Cytogenetic Studies:</u> Contractors shall: Add ICD-10 dx C96.21, C96.22, C96.29, D47.01, D47.02 to discretionary dx list effective October 1, 2017.	X	X			X					

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	<p>End-date ICD-10 C96.2, D47.0 effective September 30, 2017.</p> <p>See spreadsheet.</p>									
10318.14	<p><u>NCD190.11 Home Prothombin Time/International Normalized Ratio (PT/INR) for Anticoagulation Management:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 dx I27.24 effective October 1, 2017.</p> <p>Delete ICD-10 dx I48.91 effective 9/30/15.</p> <p>See spreadsheet</p>	X	X			X	X			
10318.15	<p><u>NCD220.4 Mammograms:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 dx N63.11-N63.14, N63.21-N63.24, N63.31, N63.32, N63.41, N63.42 effective October 1, 2017.</p> <p>End-date HCPCS G0202, G0204, G0206 effective December 31, 2017.</p> <p>End-date ICD-10 dx N63 effective September 30, 2017</p> <p>Add CPT replacements 77065, 77066, 77067 effective January 1, 2018.</p> <p>Correct transposed CPTs 77065 and 77067 throughout spreadsheet.</p> <p>See spreadsheet</p>	X	X			X	X			
10318.16	<p><u>NCD220.6.17 PET for Solid Tumors:</u></p> <p>Contractors shall:</p> <p>End-date ICD-10 dx C96.2 effective September 30, 2017.</p>	X	X							

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared- System Maintainers				Other		
		A	B	H H H		F M V C	M C M S	V M S S	C W F			
	<p>End-date ICD-10 dx R93.429 effective September 30, 2015.</p> <p>Add ICD-10 dx R91.8, R92.8, R93.0, R93.2, R93.3, R93.4, R93.5, R93.41, R93.49, R93.421, R93.422, R94.02, Z85.01, Z85.038, Z85.048, Z85.118, Z85.12, Z85.21, Z85.22, Z85.3, Z85.43, Z85.79, Z85.810, Z85.818, Z85.820, Z85.828, Z85.830, Z85.850 effective October 1, 2017.</p> <p>See spreadsheet</p>											
10318.17	<p><u>NCD260.1 Adult Liver Transplantation:</u></p> <p>Contractors shall:</p> <p>End-date ICD-10 dx E85.8 from covered dx list effective September 30, 2017</p> <p>Add ICD-10 dx E85.89 to covered dx list effective October 1, 2017.</p> <p>Delete ICD-10 NOC dx E85.9 effective October 1, 2015.</p> <p>Delete ICD-10 PCS 0FY00Z2 effective October 1, 2015.</p> <p>See spreadsheet</p>	X	X			X	X					
10318.18	<p><u>NCD220.13 Percutaneous Image-Guided Breast Biopsy:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 dx N63.11, N63.12, N63.13, N63.14, N63.21, N63.22, N63.23, N63.24, N63.31, N63.32, N63.41, N63.42 effective October 1, 2017.</p> <p>Delete CPT 10022 from any shared edits (see CR9540).</p> <p>End-date ICD-10 dx N63 effective September 30, 2017.</p> <p>See spreadsheet</p>	X	X			X	X					

Number	Requirement	Responsibility									
		A/B MAC		D M E M A C	Shared- System Maintainers				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
10318.19	<p><u>NCD270.1 Electrical Stimulation/Electromagnetic Therapy (ES/ET) for Wounds:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 non-pressure chronic ulcer dx L97.115, L97.116, L97.118, L97.125, L97.126, L97.128, L97.215, L97.216, L97.218, L97.225, L97.226, L97.228, L97.315, L97.316, L97.318, L97.325, L97.326, L97.328, L97.415, L97.416, L97.418, L97.425, L97.426, L97.428, L97.515, L97.516, L97.518, L97.525, L97.526, L97.528, L97.815, L97.816, L97.818, L97.825, L97.826, L97.828, L98.415, L98.416, L98.418, L98.425, L98.426, L98.428, L98.495, L98.496, L98.498 effective October 1, 2017.</p> <p>See spreadsheet</p>	X	X				X	X			
10318.20	<p><u>NCD270.3 Blood-Derived Products for Chronic Non-Healing Wounds:</u></p> <p>Contractors shall:</p> <p>Add ICD-10 dx L97.115-118, L97.125-128, L97.215-218, L97.225-228, L97.315-318, L97.325-328, L97.415-418, L97.425-428, L98.415-418, L98.425-428 effective October 1, 2017</p> <p>Delete ICD-10 dx NOC I83.001-009, I83.201-209, I87.019, I87.039, I87.319, I87.339, L97.101-109, L97.201-209, L97.301-309, L97.401-409, L97.501-509, L97.801-809, L97.901-909, L98.491-499, L89.000-009, L89.100-109, L89.200-209, L98.300-309, L89.500-509, L89.600-609, L89.890-L89.895, L98.491-499 (Group 2 only) effective October 1, 2015.</p> <p>Delete CARC C16, RARC MA130, M16 from lines 7, 8, 9 of spreadsheet to align with CORE requirements.</p> <p>Delete ICD-10 dx effective October 1, 2017: I83.015, I83.018, I83.019, I83.025, I82.028, I83.029, I83.215, I83.218, I86.219, I83.225, I83.228, I83.229, L89.40, L89.019, L89.029,</p>	X	X				X				

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	L89.119, L89.129, L89.139, L89.149, L89.159, L89.219, L89.229, L89.319, L89.329, L89.519, L89.529, L89.619, L89.629, L89.819, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L97.119, L97.129, L97.219, L97.229, L97.319, L97.329, L97.419, L97.429, L97.511-L97.924, L97.519, L97.529, L97.819, L97.829, L97.919, L97.929, L98.419, L98.429. See spreadsheet										
10318.21	<u>NCD80.11 Vitrectomy:</u> Contractors shall: Delete the following ICD-10 dx due to them being either redundant or inappropriate: E08.3511, E08.3512, E08.3513, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.3511, E09.3512, E09.3513, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E10.3511, E10.3512, E10.3513, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E11.3511, E11.3512, E11.3513, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E13.3511, E13.3512, E13.3513, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, H35.051, H35.052, H35.053, H35.21, H35.22, H35.23, A18.53, H30.91, H30.92, H30.93, H30.101, H30.102, H30.103, H30.131, H30.132, H30.133, H30.891, H30.892, H30.893, H16.241, H16.242, H16.243, H40.89, H40.831, H40.832, H40.833, H44.131, H44.132, H44.133, Z98.83, A18.54, H20.11, H20.12, H20.13, H20.21, H20.22, H20.23, E08.36, E09.36, E10.36, E11.36, E13.36, H25.011, H25.012, H25.013, H25.031, H25.032, H25.033, H25.041, H25.042, H25.043, H25.091, H25.092, H25.093, H25.11, H25.12, H25.13, H25.21, H25.22, H25.23, H25.811, H25.812, H25.813, H25.89, H25.9, H26.001, H26.002, H26.003, H26.031, H26.032 effective September 30, 2017 (cont)	X	X			X	X				
10318.21.1	<u>NCD80.11 Vitrectomy</u>	X	X			X	X				

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			C W F	
		A	B			F I S S	M C S	V M S		
	<p>Contractors shall:</p> <p>Delete the following ICD-10 dx H26.033, H26.061, H26.062, H26.063, H26.09, H26.101, H26.102, H26.103, H26.111, H26.112, H26.113, H26.121, H26.122, H26.123, H26.131, H26.132, H26.133, H26.221, H26.222, H26.223, H26.31, H26.32, H26.33, H26.40, H26.411, H26.412, H26.413, H26.491, H26.492, H26.493, H26.8, H26.9, H28, H27.01, H27.02, H27.03, H27.10, H27.111, H27.112, H27.113, H27.131, H27.132, H27.133, H59.011, H59.012, H59.013, H59.021, H59.022, H59.023, H59.091, H59.092, H51.093, T85.21xA, T85.22xA, T85.29xA, Z98.41, Z98.42, H20.821, H20.822, H20.823, H30.811, H30.812, H30.813, H31.301, H31.302, H31.303, H31.321, H31.322, H31.323, H31.401, H31.402, H31.403, H31.411, H31.412, H31.413, H59.811, H59.812, H59.813, S05.21xA, S05.22xA, S05.31xA, S05.32xA, S05.51xA, S05.52xA, S05.61xA, S05.62xA, S05.71xA, S05.72xA, S05.8x1A, S05.8x2A, S05.91xA, S05.92xA, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H33.001, H33.002, H33.003, H33.011, H33.012, H33.013, H33.021, H33.022, H33.023, H33.031, H33.032, H33.033, H33.041, H33.042, H33.043, H33.051, H33.052, H33.053, H33.101 effective September 30, 2017 (cont)</p>									
10318.21.2	<p><u>NCD80.11 Vitrectomy</u></p> <p>Contractors shall:</p> <p>Delete the following ICD-10 dx H33.102, H33.103, H33.111, H33.112, H33.113, H33.191, H33.192, H33.193, H33.21, H33.22, H33.23, H33.301, H33.302, H33.303, H33.311, H33.312, H33.313, H33.331, H33.332, H33.333, H33.8, H43.311, H43.312, H43.313, H43.821, H43.822, H43.823, H33.321, H33.322, H33.323, H35.341, H35.342, H35.343, H35.361, H35.362, H35.363, H35.371, H35.372, H35.373, H35.021, H35.022, H35.023, H35.061, H35.062, H35.063, H35.071, H35.072, H35.073, H35.101, H35.102, H35.103, H35.51, H35.61, H35.62, H35.63, H43.11, H43.12, H43.13, H43.21, H43.22, H43.23, H43.391,</p>	X	X			X	X			

Number	Requirement	Responsibility										Other
		A/B MAC			D M E	Shared-System Maintainers				M A C		
		A	B	H H H		F I S S	M C S	V M S	C W F			
	H43.392, H43.393, H43.811, H43.812, H43.813, H43.89, H43.9, H44.311, H44.312, H44.313, H44.321, H44.322, H44.323, H44.601, H44.602, H44.603, H44.641, H44.642, H44.643, H44.651, H44.652, H44.653, H44.691, H44.692, H44.693, H44.701, H44.702, H44.703, H44.741, H44.742, H44.743, H44.751, H44.752, H44.753, H44.791, H44.792, H44.793, H35.30, H35.81, H59.031, H59.032, H59.033, E11.39, H59.88, H59.89, Q12.0, Q12.1, Q12.2, Q12.3, Q12.4, Q12.8, Q12.9, Q14.0, Q14.1 effective September 30, 2017. See attached spreadsheet											
10318.22	Contractors shall use default CAQH CORE messages where appropriate: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update. When denying claims associated with the attached NCDs, except where otherwise indicated.	X	X									
10318.22.1	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 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. NOTE: This replicates the note under the Policy section.	X	X									
10318.23	Contractors shall attend up to three (3) 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the July 2018 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued in final.	X	X			X	X			X		
10318.24	Contractors shall adjust any claims that are brought to their attention that were processed in error for	X	X		X							

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M I S S	V C S	C M W F	
	any of the NCDs included in this CR.								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E	C E D I	
		A	B	H H H			
10318.25	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	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

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (Coverage)

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: 21 (Refer URL Section I. B. Policy)