CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11453	**Date: June 10, 2022**
	Change Request 12124

Transmittal 10832, dated June 2, 2021, is being rescinded and replaced by Transmittal 11453, dated, June 10, 2022, to revise NCD 90.2, NGS, revises business requirement 12124.2 and 12124.2.1 and its associated spreadsheet of coding by retainining all ICD-10 NOC diagnosis codes proposed for deletion effective July 1, 2022.

NOTE: Although CMS is not moving forward with deleting the aforementioned ICD-10 NOC diagnosis codes, we continue to strongly encourage providers and laboratories to ensure the best possible and most specific code is provided on the claim in accordance with the implementation of ICD-10 in 2015. CMS will be monitoring these laboratory claims and may take future action to reinstate removal of these ICD-10 NOC codes. In addition, MACs will continue to educate providers on this subject. All other information in this CR remains the same.

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

I. SUMMARY OF CHANGES: This Change Request (CR) constitutes a maintenance update of ICD-10 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.

EFFECTIVE DATE: July 1, 2021 - Unless otherwise indicated in business requirement
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 6, 2021

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: 11453	Date: June 10, 2022	Change Request: 12124

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NOTE: Although CMS is not moving forward with deleting the aforementioned ICD-10 NOC diagnosis codes, we continue to strongly encourage providers and laboratories to ensure the best possible and most specific code is provided on the claim in accordance with the implementation of ICD-10 in 2015. CMS will be monitoring these laboratory claims and may take future action to reinstate removal of these ICD-10 NOC codes. In addition, MACs will continue to educate providers on this subject. All other information in this CR remains the same.

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

EFFECTIVE DATE: July 1, 2021 - Unless otherwise indicated in business requirement
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IMPLEMENTATION DATE: July 6, 2021

I. GENERAL INFORMATION

A. Background: This CR constitutes a maintenance update of ICD-10 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 NCD policy.

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/CR12124.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	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12124.1	NCD 20.33 Transcatheter Mitral Valve Repair (TMVR) Contractors shall delete ICD-10 procedure codes 02QG3ZE. 02QG4ZE, 02UG37E, 02UG38E, 02UG3JE, 02UG3KE, 02UG3KZ, 02UG47E, 02UG48E, 02UG4JE, 02UG4KE, 02WG37Z, 02WG38Z, 02WG3JZ and 02WG3KZ effective July 1, 2021. See spreadsheet.	X				X				
12124.2	NCD 90.2 - Next Generation Sequencing (NGS) Contractors shall add procedure 0239U effective January 1, 2021. Add corresponding ICD-10 diagnosis effective August 26, 2020. Add CPT 81479 for DOS August 26, 2020 - December 31, 2020. Add ICD-10 diagnosis C79.9	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	effective August 26, 2020. Contractors shall add procedure 0242U effective April 1, 2021. Add corresponding ICD-10 diagnosis effective August 7, 2020. Add CPT 81479 for DOS August 7, 2020 - March 31, 2021. Retain the following ICD-10 diagnosis codes effective July 1, 2021: C44.211, C44.221, C44.291, C44.300, C44.310, C44.320, C44.390, C44.40, C44.601, C44.611, C44.701, C44.711, C44.721, C44.791, C44.80, C44.90, C49.10, C49.20, C4A.60, C4A.70, C4A.9, C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, C50.929, C62.90, C63.00, C63.10, C64.9, C65.9, C66.9, C67.9, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.80, C69.90, C72.20, C72.30, C72.40, C74.00, C74.10, C74.90, C76.40, C76.50, C57.20, C57.10, C57.00, C56.9, C4A.20, C4A.10, C47.10, C47.20, C44.691, C44.621, C44.201, C44.191, C44.121, C44.111, C44.101, C43.60, C43.70, C43.20, C43.10, C40.90, C40.80, C40.30, C40.20, C40.10, C40.00, C34.90, C34.80, C34.30, C34.00, C34.10, C03.9, C00.2, C00.5, C00.9, C06.9,									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	C05.9, C43.30, C49.9, C62.00, C62.10, C62.91, C62.92, C63.7, C63.9, C68.9, C76.8, C80.1, C57.9, C44.99, C44.702, C44.709, C44.602, C44.609, C06.80, C26.9, C48.2, C26.0, C39.0, C39.9, C44.301, C44.309, C44.500, C44.501, C44.509, C57.4, C80.0.									
12124.2.1	NCD 90.2 NGS continued Delete expired ICD-10 effective September 30, 2018: C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, C4A11, C4A12. See attached spreadsheet..	X	X							
12124.3	NCD 20.20 External Counterpulsation (ECP) Therapy Contractors shall end-date expired procedure code 99201 effective December 31, 2020. See attached spreadsheet.		X							
12124.4	NCD 210.14 Low-Dose CT Lung Cancer Screening Contractors shall end date expired HCPCS G0297 effective December 31, 2020. Contractors shall add CPT 71271 replacement effective January 1, 2021. NOTE: New code for LDCT will be added to	X	X			X	X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	SCRN AUX in HIMR. See spreadsheet.									
12124.4.1	NCD 210.14 Low-Dose CT Lung Cancer Screening Contractors shall not search history but shall update any records that submit an adjustment for claims processed prior to July 1, 2021.								X	
12124.4.1.1	NCD 210.14 Low-Dose CT Lung Cancer Screening (cont) The next eligible dates shall be displayed on all CWF provider query screens (HUQA, HIQA, HIQH, ELGA, ELGH, PRVN).					X	X		X	MBD, NGD
12124.5	NCD 110.23 Stem Cell Transplants Contractors shall be aware that the -Q0 modifier was included for Part A MACs erroneously and is being deleted. This is a spreadsheet error and should not affect your current edits. See spreadsheet.	X				X				
12124.6	NCD 220.6.19 PET NaF-18 for Bone Metastasis of Cancer Contractors shall permanently deactivate MCS audits 242A, 246A, and 247A effective December 15, 2017. See spreadsheet.		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12124.7	NCD 20.9 Artificial Heart and Related Devices Contractors shall be aware that effective for claims with dates of service on and after December 1, 2020, all related shared edits shall be end-dated. This policy is no longer an NCD but now under the jurisdiction of the local MACs. See spreadsheet.	X	X			X	X			
12124.8	This requirement has been removed.	X	X			X	X		X	
12124.9	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							
12124.10	Contractors shall use default CAQH CORE messages where appropriate when denying claims associated with the attached NCDs, except where otherwise indicated: RARC N386 with 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 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	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	on file). For modifier GZ, use CARC 50 and MSN 8.81 per instructions in CR 7228/TR 2148.									
12124.11	Contractors shall ATTEND up to two 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the July 2021 release as they pertain to ICD-10 and NCDs. The scheduling of the calls will occur after this CR has been issued.	X	X			X	X			
12124.12	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.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12124.13	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

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov (CMS 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: 7- Refer to Section B.