



## International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2020 Update

MLN Matters Number: MM11491 **Revised**

Related Change Request (CR) Number: CR 11491

Related CR Release Date: **February 4, 2020**

Effective Date: April 1, 2020

Related CR Transmittal Number: **R2427OTN**

Implementation Date: December 18, 2019, local MAC edits;  
April 6, 2020, SSM edits

**Note: We revised this article on February 10, 2020, to reflect a revised CR 11491, issued on February 4. The CR was revised to amend the spreadsheet for NCD 110.4. This revision did not impact the substance of the article. In the article, we revised the CR release date, transmittal number and the web address of the CR. All other information remains the same.**

### PROVIDER TYPES AFFECTED

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

### PROVIDER ACTION NEEDED

Change Request (CR) 11491 constitutes a maintenance update of International Classification of Diseases, 10th 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.

Make sure that your billing staffs are aware of these changes.

### BACKGROUND

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 as needed. 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

Note: 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.

## Key Points in CR 11491

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Relevant NCD coding changes in CR 11491 include:

- NCD 20.9 Artificial Hearts and Related Devices
- NCD 20.9.1 Ventricular Assist Devices
- NCD 20.34 Percutaneous Left-Atrial Appendage Closure
- NCD 110.4 Extracorporeal Photopheresis
- NCD 110.23 Stem Cell Transplantation
- NCD 190.3 Cytogenetic Studies
- NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management
- NCD 210.3 Colorectal Cancer Screening
- NCD 260.9 Heart Transplants

Please follow the link below for the NCD spreadsheets included with CR 11491:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11491.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 11491 that you bring to their attention.**

## ADDITIONAL INFORMATION

The official instruction, CR11491, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r2427OTN.pdf>.

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

## DOCUMENT HISTORY

Date of Change	Description
February 10, 2020	We revised this article to reflect a revised CR 11491, issued on February 4. The CR was revised to amend the spreadsheet for NCD 110.4. This revision did not impact the substance of the article. In the article, we revised the CR release date, transmittal number and the web address of the CR. All other information remains the same.
November 5, 2019	Initial article released.

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