CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11025	**Date: September 28, 2021**
	Change Request 12399

Transmittal 10963, dated August 19, 2021, is being rescinded and replaced by Transmittal 11025, dated, September 28, 2021 to: (1) revise spreadsheet 110.23, Stem Cell Transplants, to add back 30 diagnosis codes to the diagnosis tab removed in error, (2) add override notes to business requirements (BRs) 12399.2, NCD 110.23, Stem Cell Transplants, and 12399.5.1, NCD 160.18 VNS, (3) add updated coding to BR 12399.3, NCD 110.24, CAR-T, and its associated spreadsheet, and, update BRs 5 and 5.1, NCD 160.18, VNS, and its associated spreadsheet, to reflect accurate code edits. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2022

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.

EFFECTIVE DATE: January 1, 2022 - Unless otherwise noted in requirements
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 4, 2021 - MACs; January 3, 2022 - shared system maintainers

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: 11025	Date: September 28, 2021	Change Request: 12399

Transmittal 10963, dated August 19, 2021, is being rescinded and replaced by Transmittal 11025, dated, September 28, 2021 to: (1) revise spreadsheet 110.23, Stem Cell Transplants, to add back 30 diagnosis codes to the diagnosis tab removed in error, (2) add override notes to business requirements (BRs) 12399.2, NCD 110.23, Stem Cell Transplants, and 12399.5.1, NCD 160.18 VNS, (3) add updated coding to BR 12399.3, NCD 110.24, CAR-T, and its associated spreadsheet, and, update BRs 5 and 5.1, NCD 160.18, VNS, and its associated spreadsheet, to reflect accurate code edits. All other information remains the same.

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--January 2022

EFFECTIVE DATE: January 1, 2022 - Unless otherwise noted in requirements
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 4, 2021 - MACs; January 3, 2022 - shared system maintainers

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/CR12399.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	
12399.1	NCD 20.4 Implantable Cardiac Defibrillators (ICDs) Contractors shall add Place of Service (POS) 24, Ambulatory Surgical Centers (ASCs), to current edits for the NCD effective February 15, 2018. New spreadsheet created to comport with CR 12104. No additional edits required. THIS IS INFORMATIONAL ONLY. See attached spreadsheet.	X	X							
12399.2	NCD 110.23 Stem Cell Transplants Contractors shall add the following ICD-10 diagnosis codes to the policy Add ICD-10 dx C47.0, C47.11, C47.12, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C72.0, C72.1, C72.21, C72.22, C72.31, C72.32, C72.41, C72.42, C72.50, C72.59, C72.9, C74.11, C74.12, to HCPCS 38241 for recurrent or refractory neuroblastomas effective October 1, 2015. FISS edits shall be overridable. See attached spreadsheet.	X	X			X				
12399.3	NCD 110.24 Chimeric Antigen Receptor (CAR) T-cell Therapy A/B MACs (Part A) shall end-date Healthcare Common Procedure Coding System (HCPCS) code	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	C9076 for Breyanzi effective September 30, 2021. Contractors shall add HCPCS code Q2054 for Breyanzi effective October 1, 2021. Contractors shall delete HCPCS C9399 for ABECMA effective September 30, 2021. Contractors shall add HCPCS C9081 for ABECMA effective October 1, 2021. See attached spreadsheet.									
12399.4	NCD 150.13 Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS) Contractors shall add ICD-10 M48.061, M48.062 to FISS RCs 59264-59265 effective October 1, 2017. Contractors shall end-date ICD-10 M48.06 effective September 30, 2017. See attached spreadsheet.	X				X				
12399.5	NCD 160.18 Vagus Nerve Stimulation (VNS) Contractors shall add ICD-10 diagnosis codes G40.813, G40.814 for refractory seizures, HCPCS 64568, 95976, and 95977, effective January 1, 2022. Contactors shall apply new and revised shared edits as noted in spreadsheet for treatment resistant depression effective February 15, 2019. Contractors shall delete CPT codes for VNS device replacement/revision from their edit back to 7/1/99 or to whenever their edit was installed. Contractors shall bypass VNS editing when CPT 64568 is billed with CPT 0466T effective January 1, 2022. This replaces the MAC discretionary edits to bypass when CPT 64568, CPT 0466T, and ICD-10 diagnosis code G47.33 appear on a claim.		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MCS shall revise and reactive edit 012L effective 2/15/19. See attached spreadsheet.									
12399.5.1	NCD 160.18 Vagus Nerve Stimulation (VNS) Contractors shall add ICD-10 diagnosis codes G40.813, G40.814 for refractory seizures, HCPCS 64568, 95976, and 95977, effective January 1, 2022. Contactors shall accept and pay for treatment resistant depression (TRD) effective February 15, 2019, for HCPCS 64568 billed on TOB 12X, 13X, 71X, 77X, or 85X with payable diagnosis codes: F32.1, F32.2, F33.1, F33.2, F31.32, F31.4, F31.81 or Z00.6, clinical trial information, AND the following diagnosis codes are not present: F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F05, F10.26, F10.27, F06.0, F06.1, F06.2, F20.0, F20.1, F20.2,F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F30.2, F31.2, F31.5, F31.64, F32.3, F33.3, F44.0, F53.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, R41.1, R41.2, R41.3 Contractor shall delete CPT codes for VNS device replacement/revision from their edit back to 7/1/99 or to whenever their edit was installed. Contractors shall bypass VNS editing when CPT 64568 is billed with CPT 0466T effective January 1, 2022. This replaces the MAC discretionary edits to bypass when CPT 64568, CPT 0466T, and ICD-10 diagnosis code G47.33 appear on a claim. FISS shall end-date RCs 59043, 59044 effective February 15, 2019. FISS shall reactivate RCs 59039, 59040, 59041, 59042 and those edits shall be overridable effective 2/15/19. See attached spreadsheet.	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12399.6	NCD 210.14 Low-Dose CT for Lung Cancer Screening Contractors shall ensure coinsurance and deductible are waived for G0296 AND 71271 for Part B claims and Part A OPPS and non-OPPS claims for TOBs 12X, 13X, 22X, 23X, 71X, 77X, and 85X. This is a conforming change to the spreadsheet to align with the implementing January 2021 CR 12356. No action is necessary THIS IS INFORMATIONAL ONLY. See attached spreadsheet.	X	X							
12399.7	Contractors shall adjust any claims processed in error associated with this CR that are brought to their attention.	X	X							
12399.8	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 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 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.	X	X							
12399.9	Contractors shall ATTEND up to two 1-hour calls to conduct analysis and explore options to implement outstanding edit issues for the January 2022 release as they pertain to ICD-10 and NCDs IF NEEDED. The scheduling of the calls will occur after this CR has been issued IF NEEDED.	X	X			X	X			
12399.10	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		
12399.11	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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 (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:6- Refer to Section B