CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13097	**Date: March 20, 2025**
	Change Request 13939

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—July 2025

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: July 1, 2025 - Unless otherwise noted in individual BRs
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 21, 2025 - BRs 1, 2, 3, 4, 5, 7, 8; July 7, 2025 - BRs 6 and 10 only

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: 13097	Date: March 20, 2025	Change Request: 13939

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—July 2025

EFFECTIVE DATE: July 1, 2025 - Unless otherwise noted in individual BRs
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 21, 2025 - BRs 1, 2, 3, 4, 5, 7, 8; July 7, 2025 - BRs 6 and 10 only

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.

II. GENERAL INFORMATION

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

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/CR13939.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.

III. 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	
13939.1	NCD 80.2 Photodynamic Therapy, NCD 80.2.1 Ocular Photodynamic Therapy, NCD 80.3 Photosensitive Drugs, NCD 80.3.1 Verteporfin Contractors shall add CPT 92137 as a covered code for this policy, effective January 1, 2025. NOTE: There are other uses of 92235, 92133, 92134, and 92137 besides those mentioned in this policy. The pre-test only needs to appear in the medical record. See attached spreadsheet.	X	X							
13939.2	NCD 90.2 Next Generation Sequencing (NGS) for Patients with Advanced Cancer Contractors shall delete CPT 0448U for OncoRevealTM DX Lung and Colon Cancer Assay, effective December 31, 2024. Contractors shall add CPT 0523U for OncoRevealTM CDX, effective January 1, 2025. Contractors shall add TruSight Oncology Comprehensive and its approved indications using HCPCS 81455 from August 21, 2024 - March 31, 2025.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Contractors shall add CPT 0543U for TruSight Oncology Comprehensive effective April 1, 2025. Contractors shall add CPT 0211U for MI Cancer Seek and its approved indications, effective FDA approval November 5, 2024. See attached spreadsheet.									
13939.3	NCD 100.1 Bariatric Surgery for Treatment of Co-morbid Conditions Related to Morbid Obesity Contractors shall add ICD-10 dx E66.812, E66.813, effective October 1, 2024. See attached spreadsheet.	X	X							
13939.4	NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis Contractors shall add J9076, effective January 1, 2025. Contractors shall end-date J9058, J9059, effective December 31, 2024. See attached spreadsheet.	X								
13939.5	NCD 110.23 Stem Cell Transplants Contractors shall note spreadsheet updated with correct URL and ICD-10 procedure tab clarified. No action necessary. Contractors shall add TOB 13X to allogeneic hematopoietic stem cell transplantation (HSCT) for Myelodysplastic Syndromes (MDS) claims. See spreadsheet.	X	X							
13939.6	NCD 210.3 Colorectal Cancer Screening Tests Contractors shall end-date G0106, G0120, G0122, effective December 31, 2024.	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Contractors shall add coverage for screening CT colonography CPT 74263, effective January 1, 2025, and ensure coinsurance and deductible are waived. Contractors shall remove stool-based language from policy to allow for all non-invasive CRC screening tests . Contractors shall add Cologuard PlusTM CPT 0464U effective FDA approval October 3, 2024. Contractors shall add CPT 0537U for colorectal cancer screening Shield TM effective April 1, 2025. FDA approval July 26, 2024. Contractors shall reinstate K codes that were inadvertently removed from ICD-10 dx tab in CRs 13391 and 13828, effective October 1, 2015. Contractors shall note replacement of RARC M82 with new RARC N906 to allow for age 45 and older. Contractors shall note MSN 18.14 descriptor is revised to include 60 months. See attached spreadsheet. NOTE: Subsequent Omnibus CR forthcoming with additional editing for expansion of colorectal cancer screening policy.									
13939.7	NCD 250.3 Intravenous Immune Globulin for the Treatment of Auto Immune Mucocutaneous Blistering diseases Contractors shall add HCPCS J1552 to coverage policy, effective January 1, 2025. See attached spreadsheet.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13939.8	NCD 110.24 CAR-T Cell Therapy Contractors shall end date CPT codes 0537T, 0538T, 0539T, and 0540T effective December 31, 2024. Contractors shall add CPT codes 38225, 38226, 38227, and 38228 effective January 1, 2025. Contractors shall add coverage of Obe-cel/Aucatzyl® effective FDA approval date of November 8, 2024. Contractors shall use ICD-10 PCS codes XW0338A and XW0438A, HCPCS codes J3490, J3590, J9999, C9399, and corresponding ICD-10 dx codes C83.50-C83.59, C91.00, C91.02. Add additional ICD-10 dx for Abecma® and Carvykti™ based on NCCN indications - ICD-10 dx C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z85.79 effective their respective FDA approval dates. See attached spreadsheet.	X	X							
13939.9	Contractors shall not search for any claims, but shall adjust claims brought to their attention.	X	X							
13939.10	NCD 160.18 Vagus Nerve Stimulation (VNS) Contractors shall add ICD-10 diagnosis code G47.33 obstructive sleep apnea to the list of covered indications for 64568 Vagus Nerve Stimulation retroactive January 1, 2025. See attached spreadsheet	X	X			X	X			

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately

track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. 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

VI. CONTACTS

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

VII. 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: Refer to Section B.