ICD-10 Impacts LCD and NCD Medicare Coverage Policies

Medicare claims with a date of service on or after October 1, 2015 are required to contain valid International Classification of Disease 10th Revision Clinical Modification (ICD-10-CM) codes as determined (or provided for) by Local and National Coverage Determinations (LCDs and NCDs) for payment purposes. These LCD and NCD Medicare coverage policies include indications of medical necessity in the form of diagnosis codes which have been converted from ICD-9 to ICD-10 codes. Please note coding specificity required by NCDs and LCDs does not change and all coverage policies that currently require a specific diagnosis under ICD-9 should accurately reflect the equivalent ICD-10 code(s).

The ACR recommends radiology and radiation oncology practices carefully monitor and review the converted diagnosis codes published in each LCD and NCD policy for those procedures commonly performed and billed and compare to the current ICD-9 policies. This will help establish early detection of any potential errors in the ICD-9 to ICD-10 translation. Please alert your local Medicare contractor and the ACR in the event a previously payable ICD-9 diagnosis code has been omitted from the list of approved (i.e., medically necessary) ICD-10 diagnosis codes. The ACR will communicate with the Carrier Advisory Committees in an effort to address any ICD-10 conversion issues and/or omitted diagnosis codes.

The Centers for Medicare and Medicaid Services’ (CMS) LCD and NCD Medicare coverage policy database houses all such policies and its search function can be used to locate a particular policy. Those policies that have been converted to ICD-10 codes are identified by a “FUTURE” status and are listed with an “October 1, 2015 effective date.” In addition, CMS has made available a downloadable Medicare coverage database that contains Access files that can be used to assist in analyzing all policies including converted ICD-10 LCDs. Provided below are the resources available to radiology and radiation oncology practices in comparing the ICD-9 to ICD-10 LCDs, as well as the trends identified by an ACR internal analysis.

Resources
For all ICD-10 LCDs listed as “FUTURE” policies that are effective October 1, 2015, see the Future Policies by Medicare Contractors Excel spreadsheet. This table is organized by Medicare Administrative Contractor (MAC) and by State with links to LCD policies listed by title. This CMS search engine can also be sorted by “CURRENT” policies that contain the ICD-9 diagnosis codes for your reference.

To help navigate through the high volume of ICD-10 changes embedded in the local and national coverage policy files, CMS provided a downloadable Medicare Coverage Access database file. This Access file can be used for more complex searches and data analysis.
CMS provided the General Equivalence Mappings (GEMs). In addition, the Centers for Disease Control and Prevention (CDC) also provided GEMS resources.

Medicare Administrative Contractor (MAC) information can be located through the CMS interactive contractor map.

For more ICD10 details and resources, see the ACR’s ICD-10 Resources page.

Trends
The ACR completed an internal analysis of the converted LCD files listed in the CMS downloadable Access database and found the following:

- Fewer ICD-10 LCDs (ICD-9 LCDs to ICD-10 LCDs)
- A number of LCDs are not posted as yet and are missing from the CMS ICD-10 LCD file
  - This could mean that MACs are considering retiring existing policies or have not yet published their converted LCDs.
- An increased number of diagnosis codes listed, as expected, with the conversion to ICD-10 codes.
- Crosswalks from ICD-9 codes to ICD-10 codes are not always 100 percent accurate.
  - A small sample of radiology related LCDs were analyzed and showed an error rate of less than .5 percent.
- Higher volume of ICD-10 codes tied to more complex coding.
  - Many Interventional Radiology LCDs include a very large volume of ICD-10 codes. With complex coding and a higher volume of diagnosis codes, a greater margin for error may occur with the ICD-10 conversion.

The ACR encourages radiology and radiation oncology practices to: 1) closely monitor and compare current ICD-9 LCDs against the converted ICD-10 LCDs that are commonly performed, 2) establish early detection of any potential errors in the ICD-9 to ICD-10 translation, 3) trend and monitor your volume of medical necessity and coding related denials, and 4) alert your local Medicare contractor and the ACR in the event an omission or an unexpected denial trend is identified based on the list of approved (i.e., medically necessary) ICD-10 diagnosis codes. In addition, contact the ICD-10 Ombudsman who will be in place by October 1, 2015 and will work closely with representatives in CMS’s regional offices to address physicians’ concerns. A new ICD-10 Coordination Center in Baltimore will begin operating at the end of September to manage and triage issues relating to the CD-10 conversion.

Questions regarding NCDs and LCDs can be addressed to Anita McGlothlin at amcglothlin@acr.org.

*The ACR acknowledges Nicole Newsom, MHA, RBMA member and Director of Operations at MSN Healthcare Solutions, and Michael R. Mabry, RBMA Executive Director, for their contributions and expertise with this article.*