

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11174</b>	<b>Date: January 14, 2022</b>
	<b>Change Request 12578</b>

**SUBJECT: April 2022 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment**

**I. SUMMARY OF CHANGES:** This Change Request (CR) implements new ICD-10-Clinical Modification (CM) codes Z28.310, Z28.311, and Z28.39 for reporting COVID-19 vaccination status, and introduces 7 new ICD-10-PCS codes to the Medicare Severity – Diagnosis Related Groups (MS-DRG) Grouper and Medicare Code Editor (MCE) to describe the introduction or infusion of therapeutics, including vaccines for COVID-19 treatments, effective for discharges on and after April 1, 2022. This CR also includes updates for a new MCE Edit for "Unspecified" ICD-10-CM diagnosis codes where there are other diagnosis codes available in that diagnosis code subcategory that further specify the anatomic site. This new code edit is effective with discharges on or after April 1, 2022.

This Recurring Update Notification applies to chapter 3, section 20.3.4.

**EFFECTIVE DATE: April 1, 2022**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 4, 2022**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:**

## Recurring Update Notification

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 11174	Date: January 14, 2022	Change Request: 12578
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**EFFECTIVE DATE: April 1, 2022**

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## **I. GENERAL INFORMATION**

**A. Background:** In response to the ongoing national emergency concerning COVID-19, the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) is implementing 3 new diagnosis codes, Z28.310, Z28.311 and Z28.39, into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), for reporting COVID-19 vaccination status effective April 1, 2022. The Centers for Medicare & Medicaid Services (CMS) is also implementing 7 new procedure codes to describe the introduction or infusion of therapeutics, including vaccines for COVID-19 treatment, into the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), effective April 01, 2022.

CMS notes that for hospitalized patients, Medicare pays for the COVID-19 vaccines and their administration separately from the Diagnosis-Related Group rate. As such, Medicare expects that the appropriate CPT codes will be used when a Medicare beneficiary is administered a vaccine while a hospital inpatient. For details on billing Medicare for the COVID-19 vaccine appropriately, please see this page in our provider toolkit:

<https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>.

## **New Medicare Code Edit**

As stated in the Fiscal Year (FY) 2022 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) final rule (86 FR 44940 through 44943), the Centers for Medicare & Medicaid Services (CMS) finalized the implementation of a new Medicare Code Edit (MCE) for “unspecified” International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes where there are other diagnosis codes available in that diagnosis code subcategory that further specify the anatomic site. This new code edit is effective with discharges on and after April 1, 2022.

## **Pre-MDC MS-DRG 018 Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies**

CMS is correcting Table 6B.- New Procedure Codes- Fiscal Year (FY) 2022 to reflect the assignment of procedure codes XW033A7 (Introduction of ciltacabtagene autoleucel into peripheral vein, percutaneous approach, new technology group 7) and XW043A7 (Introduction of ciltacabtagene autoleucel into central vein, percutaneous approach, new technology group 7) to Pre-MDC MS-DRG 018 CAR T-cell and Other Immunotherapies). Table 6B inadvertently omitted Pre-MDC MS-DRG 018 in Column E (MS-DRG) for assignment of these codes. Effective with discharges on and after April 1, 2022, conforming changes will be reflected in the Version 39.1 ICD-10 MS-DRG Definitions Manual and ICD-10 MS-DRG Grouper and Medicare Code Editor software.

The ICD-10 MS-DRG Grouper assigns each case into an MS-DRG based on the reported diagnosis and procedure codes and demographic information (age, sex, and discharge status).

The ICD-10 MCE Version 39.1 uses edits for the ICD-10 codes reported to validate correct coding on claims for discharges on or after April 1, 2022.

The ICD-10 MS-DRG Grouper software package to accommodate these new codes, Version 39.1, is effective for discharges on or after April 1, 2022.

An updated version of the ICD-10 Medicare Severity Diagnosis Related Group (MS-DRG) GROUPER Software and Medicare Code Editor (MCE) ICD-10 Software along with the ICD-10 Definitions of Medicare Code Edits file Version 39.1 will be released by February 1, 2022 and made available via the internet on the CMS website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software>.

The Index and Tabular Addenda for new diagnosis codes Z28.310, Z28.311, and Z28.39 will be available via the CDC website at: <https://www.cdc.gov/nchs/icd/icd10cm.htm>.

The Code Tables, Index and related Addenda files for the 7 new procedure codes are available at: <https://www.cms.gov/medicare/icd-10/2022-icd-10-pcs>.

**B. Policy:** There is no policy change. Current policy is available in the Claims Processing Manual Publication (Pub.) 100-04, Chapter 3, Section 20.2.1 - Medicare Code Editor (MCE) and 20.2.2 - DRG GROUPER Program.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12578.1	The Medicare contractor shall install and edit claims with the MS-DRG Grouper and MCE version 39.1 software with the implementation of the April 2022 quarterly release for dates of discharge on and after April 1, 2022.					X					
12578.2	The Medicare contractors shall reprocess inpatient claims brought to their attention, reporting ICD-10-PCS codes XW033A7 or XW043A7, for discharges on or after October 1, 2021 through March 31, 2022 upon successful implementation of the updated MS-DRG Grouper version 39.1.	X									

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
12578.3	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				

**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):** Yvette Rivas, [yvette.rivas@cms.hhs.gov](mailto:yvette.rivas@cms.hhs.gov)

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

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**