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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

MLN Matters Number: MM12578 Related Change Request (CR) Number: 12578

Related CR Release Date: January 14, 2022 Effective Date: April 1,2022

Related CR Transmittal Number: R11174CP Implementation Date: April 4,2022

Provider Types Affected

This MLN Matters Article is for physicians and hospitals billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

In this Article, you'll learn about:

- New ICD-10-Clinical Modification (CM) codes for reporting COVID-19 vaccination status
- Seven new ICD-10-PCS codes describing the introduction or infusion of therapeutics, including vaccines for COVID-19 treatments
- Updates for a new MCE Edit

Make sure your billing staff knows about these changes.

Background

The CDC is implementing 3 new diagnosis codes, Z28.310, Z28.311 and Z28.39, for reporting COVID-19 vaccination status effective April 1, 2022. CMS is also implementing 7 new procedure codes to describe the introduction or infusion of therapeutics, including vaccines for COVID-19 treatment, into the ICD-10-PCS, effective April 01, 2022.





CMS notes that for hospitalized patients, Medicare pays for COVID-19 vaccines and their administration separately from the Diagnosis-Related Group rate. Medicare expects that the appropriate CPT codes will be used when a Medicare patient 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.

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), we finalized a new MCE 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's effective with discharges on and after April 1, 2022.

Pre-Major Diagnostic Category (MDC) MS-DRG 018 Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies

We're 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, we'll show conforming changes 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.
- We'll release an updated version of the <u>ICD-10 MS-DRG GROUPER Software and MCE ICD-10 Software</u> along with the ICD-10 Definitions of Medicare Code Edits file Version 39.1 will be released by February 1, 2022.
- CDC will provide the <u>Index and Tabular Addenda</u> for new diagnosis codes Z28.310, Z28.311, and Z28.39.





• The <u>Code Tables</u>, <u>Index</u>, <u>and related Addenda files</u> for the 7 new procedure codes is available.

Your MAC will reprocess inpatient claims that you bring to their attention for discharges with ICD-10-PCS codes XW033A7 or XW043A7, for discharges on or after October 1, 2021 through March 31, 2022. They'll do this upon successful implementation of the updated MS-DRG Grouper version 39.1.

More Information

We issued <u>CR 12578</u> to your MAC as the official instruction for this change.

For more information, find your MAC's website.

Document History

Date of Change	Description	
January 19, 2022	Initial article released.	

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