

Forward to a Colleague

April 19, 2018

ACMG Advocacy Alert – More ICD-10 Codes Added for Coverage by a Medicare Administrative Contractor

Members may recall that the Centers for Medicare & Medicaid Services (CMS) previously revised their National Coverage Determination (NCD) regarding Cytogenetic Testing, numbered 190.3, in October 2015 in a manner that significantly reduced the number of diagnoses that were indications for coverage by Medicare, which led to a large increase in denied claims from cytogenetics laboratories.

ACMG's Economics of Genetic Services Committee drafted a detailed response to CMS listing more than 450 ICD-10 codes that we recommended for coverage. As reported in the <u>November 2016 e-zine</u>, CMS at that time responded to our request and added many of these proposed ICD-10 codes to their coverage policy. This was a step in the right direction, but the change did not add all of the ICD-10 codes that we recommended. However, CMS did highlight several dozen of these codes on the list in their revised NCD and indicated that regional Medicare Administrative Contractors (MACs) could use discretion when deciding whether to cover those codes.

We are pleased to announce that one MAC, the National Government Services, Inc. (NGS), has recently added what appears to be all or most of the "discretionary" ICD-10 codes to their coverage policy. The announcement and list of covered codes can be viewed <u>here</u>.

We applaud NGS for making this addition to their coverage policy as it will benefit more patients and their doctors. We hope other MACs will follow NGS's example. We also thank the ACMG Economics of Genetic Services Committee for their efforts that started the ball rolling on this issue.



American College of Medical Genetics and Genomics 7101 Wisconsin Ave, Suite 1101, Bethesda, MD 20814 www.acmg.net acmg@acmg.net 301-718-9603

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