[Date]

[Prescriber Name]  
[Practice Name]  
[Address]  
[City, State, ZIP]

Re: Important Action Required – ICD-10 Coding Changes for Multiple Sclerosis Effective October 1, 2025

Dear [Prescriber Name],

As you may be aware, beginning **October 1, 2025**, CMS is retiring ICD-10 code **G35 (Multiple Sclerosis)** and replacing it with a parent category and new phenotype-specific subcodes. Claims and authorizations for MS infusion therapies must use one of the new ICD-10 codes for all dates of service on or after October 1, 2025.

To avoid treatment delays and ensure payer compliance for the patients enclosed [provide batch list of patients you are requesting records for], we respectfully request the following:

1. Updated office notes clearly documenting MS subtype (including updated ICD-10 code) and disease activity.
2. Updated infusion orders reflecting the appropriate new ICD-10 code(s).

The new codes are as follows:

| **New Code** | **Description** |  |
| --- | --- | --- |
| **G35A** | relapsing-remitting multiple sclerosis |  |
| **G35B0** | primary progressive multiple sclerosis, unspecified |  |
| **G35B1** | active primary progressive multiple sclerosis |  |
| **G35B2** | non-active primary progressive multiple sclerosis |  |
| **G35C0** | secondary progressive multiple sclerosis, unspecified |  |
| **G35C1** | active secondary progressive multiple sclerosis |  |
| **G35C2** | non-active secondary progressive multiple sclerosis |  |
| **G35D** | multiple sclerosis, unspecified |  |

This information is required to demonstrate medical necessity and to secure new or updated authorizations for your patients. Without it, payers may deny claims and delay therapy.

Please forward updated documentation and orders to [fax/email/portal instructions] as soon as possible, prioritizing the patients enclosed.

We value your partnership and thank you for helping us ensure continuity of care for patients living with MS. If you have any questions regarding these ICD-10 changes, please contact us at [phone/email].

Sincerely,  
 [Name]  
 [Title]  
 [Infusion Center Name]  
 [Contact Information]

To help ensure uninterrupted treatment and compliance with updated payer requirements, please provide updated office notes and infusion orders for the patients listed below. Documentation should clearly reflect the MS subtype, disease activity, and the corresponding new ICD-10 code(s). Prompt submission will help prevent potential delays in patient care.

| Patient Name | Date of Birth | Updated Notes | Updated Order |
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