CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1645	Date: December 9, 2008
	Change Request 6304

Subject: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2009

**I. SUMMARY OF CHANGES:** This transmittal applies to Chapter 16, §120.2, Pub. 100-04 and announces the changes that will be included in the January 2009 quarterly release of the edit module for clinical diagnostic laboratory services. The NCDs for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published a final rule on November 23, 2001. Nationally uniform software was developed and incorporated in the shared systems so that laboratory claims subject to one of the 23 NCDs were processed uniformly throughout the nation effective January 1, 2003.

**New / Revised Material** 

Effective Date: January 1, 2009

**Implementation Date: January 5, 2009** 

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.*

R/N/D	Chapter / Section / Subsection / Title	
N/A		

#### III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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**

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

# **Attachment – Recurring Update Notification**

Pub. 100-04 Transmittal: 1645 Date: December 9, 2008 Change Request: 6304

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2009

Effective Date: January 1, 2009

**Implementation Date:** January 5, 2009

## I. GENERAL INFORMATION

**A. Background:** This transmittal announces the changes that will be included in the January 2009 quarterly release of the edit module for clinical diagnostic laboratory services. The NCDs for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published a final rule on November 23, 2001. Nationally uniform software was developed and incorporated in the shared systems so that laboratory claims subject to one of the 23 NCDs were processed uniformly throughout the nation effective January 1, 2003.

**B. Policy:** In accordance with Chapter 16, §120.2, Pub. 100-04, the laboratory edit module is updated quarterly as necessary to reflect ministerial coding updates and substantive changes to the NCDs developed through the NCD process. The changes are a result of coding analysis decisions developed under the procedures for maintenance of codes in the negotiated NCDs and biannual updates of the ICD-9-CM codes. This instruction communicates requirements to shared system maintainers (SSMs) and contractors notifying them of changes to the laboratory edit module to update it for changes in laboratory NCD code lists for January 2009. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after January 1, 2009.

#### II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable									
		column)									
		A D F C R Shared-System Maintainers								OTHER	
		B	M E	1	A R	H	Б	Maint	ainers V	С	
		Ь	L		R	I	I	C	M	W	
		M	M		I		S	S	S	F	
		A	Α		Е		S				
62044		С	С		R						Fu
6304.1	The module developer shall add ICD-9-CM code										Associates
	482.42 to the list of ICD-9-CM codes covered by										11550014105
	Medicare for HIV Testing (Diagnosis) (190.14)										
	NCD.										
6304.2	The module developer shall add ICD-9-CM codes										Fu Associates
	249.40-249.41 to the list of ICD-9-CM codes covered										Associates
	by Medicare for the Partial Thromboplastin Time										
	(PTT) (190.16) NCD.										
6304.3	The module developer shall add ICD-9-CM codes										Fu
	197.7, 249.40-249.41, V15.21, V15.22, and V15.29										Associates
	to the list of ICD-9-CM codes covered by Medicare										
	for the Prothrombin Time (PT) (190.17) NCD.										
6304.3.1	The module developer shall delete ICD-9-CM code										Fu
	V15.2 from the list of ICD-9-CM codes covered by										Associates

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A /	D M	F	C A	R H		hared- Maint			OTHER		
		В	E		R R	Н	F	M C	V	C			
		M	M		I	1	S	S	S	F			
		A C	A C		E R		S						
	Medicare for the Prothrombin Time (PT) (190.17) NCD.												
6304.4	The module developer shall add ICD-9-CM codes										Fu		
0201.1	249.00-249.01, 249.10-249.11, 249.20-249.21,										Associates		
	249.30-249.31, 249.40-249.41, 249.50-249.51,												
	249.60-249.61, 249.70-249.71, 249.80-249.81,												
	249.90-249.91, 285.22, 285.29, V15.21, V15.22, and												
	V15.29 to the list of ICD-9-CM codes covered by												
	Medicare for the Serum Iron Studies (190.18) NCD.												
6304.5	The module developer shall add ICD-9-CM codes										Fu Associates		
	249.00-249.01, 249.10-249.11, 249.20-249.21,										Associates		
	249.30-249.31, 249.40-249.41, 249.50-249.51,												
	249.60-249.61, 249.70-249.71, 249.80-249.81,												
	249.90-249.91, and 482.42 to the list of ICD-9-CM												
	codes covered by Medicare for the Blood Glucose												
(204.6	Testing (190.20) NCD.										Fu		
6304.6	The module developer shall add ICD-9-CM codes										Associates		
	249.00-249.01, 249.10-249.11, 249.20-249.21, 249.30-249.31, 249.40-249.41, 249.50-249.51,												
	249.50-249.51, 249.40-249.41, 249.50-249.51, 249.60-249.61, 249.70-249.71, 249.80-249.81, and												
	249.90-249.91 to the list of ICD-9-CM codes covered												
	by Medicare for the Glycated Hemoglobin/Glycated												
	Protein (190.21) NCD.												
6304.7	The module developer shall add ICD-9-CM codes										Fu		
	249.00-249.01, 249.10-249.11, 249.20-249.21,										Associates		
	249.30-249.31, 249.40-249.41, 249.50-249.51,												
	249.60-249.61, 249.70-249.71, 249.80-249.81, and												
	249.90-249.91 to the list of ICD-9-CM codes covered												
	by Medicare for the Thyroid Testing (190.22) NCD.												
6304.8	The module developer shall add ICD-9-CM codes										Fu Associates		
1	249.00-249.01, 249.10-249.11, 249.20-249.21,												
	249.30-249.31, 249.40-249.41, 249.50-249.51,												
	249.60-249.61, 249.70-249.71, 249.80-249.81, and												
	249.90-249.91 to the list of ICD-9-CM codes covered												
6304.9	by Medicare for the Lipids Testing (190.23) NCD.										Fu		
0304.9	The module developer shall add ICD-9-CM code 275.2 to the list of ICD-9-CM codes covered by										Associates		
	Medicare for the Gamma Glutamyl Transferase												
	(190.32) NCD.												
6304.10	The module developer shall add ICD-9-CM codes										Fu		
	530.86 and 530.87 to the list of										Associates		
	ICD-9-CM codes covered by Medicare for the Fecal												
	Occult Blood Test (FOBT) (190.34) NCD.												
6304.11	The module developer shall add ICD-9-CM codes										Fu Associates		
	V16.52 and V73.81 to the list of										Associates		

Number	Requirement	Re	spon	sibili	ty (p	lace a	an "Y	K" in	each	app	licable
		column)									
		Α	D	F	C	R		nared-	-		OTHER
		/	M	I	A	H		Maint	ainers		
		В	Е		R R	H	F	M C	V M	C	
		M	M		I	1	S	S	M S	W F	
		A	A		E		S	3	3	1	
		C	C		R						
	ICD-9-CM codes denied by Medicare for all 23										
	NCDs.										
6304.12	The module developer shall make the revised										Fu
	software available to download from the CMS data										Associates
	center via connect:direct. The developer shall notify										
	the SSMs of the data set names via email.										
6304.13	The SSMs shall install the edit module after testing						X	X			Fu Associates
	and distribute it to the contractors as part of their										Associates
	routine release.										

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A /	D M	F	CA	R H		nared- Maint			OTHER
		В	Е		R R	H I	F I	M C	V M	C W	
		M A C	M A C		I E R		S S	S	S	F	
6304.14	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles">http://www.cms.hhs.gov/MLNMattersArticles</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.  Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X						

# IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
None.	

# B. For all other recommendations and supporting information, use this space: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Lisa Eggleston, 410-786-6130, <u>Lisa.Eggleston@cms.hhs.gov</u>, Kimberly Long, 410-786-5702, <u>Kimberly.Long@cms.hhs.gov</u>, Patricia Brocato-Simons, 410-786-0261, <u>Patricia.Brocatosimons@cms.hhs.gov</u>

Post-Implementation Contact(s): Appropriate CMS Regional offices

#### VI. FUNDING

# Section A: For Fiscal Intermediaries (FIs) and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

# Section B: For Medicare Administrative Contractors (MACs):

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