| CMS Manual System | Department of Health & Human Services (DHHS) |
|---------------------------------------|---|
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal:12691 | Date: June 20, 2024 |
| | Change Request 13672 |

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2024

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce the changes that will be included in the October 2024 quarterly release of the edit module for clinical diagnostic laboratory services. This recurring update notification applies to Chapter 16, Section 120.2, Publication 100-04.

EFFECTIVE DATE: October 1, 2024 - Unless noted differently in requirements.

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

IMPLEMENTATION DATE: October 7, 2024

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 | 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: 12691 | Date: June 20, 2024 | Change Request: 13672 |
|-------------|--------------------|----------------------------|------------------------------|
|-------------|--------------------|----------------------------|------------------------------|

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2024

EFFECTIVE DATE: October 1, 2024 - Unless noted differently in requirements.

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

IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

- **A. Background:** The purpose of this Change Request (CR) is to announce the changes that will be included in the October 2024 quarterly release of the edit module for clinical diagnostic laboratory services. This recurring update notification applies to Chapter 16, Section 120.2, Publication 100-04.
- **B.** Policy: In accordance with Chapter 16, §120.2, Publication 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 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-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 October 2024. Please access the link below for the NCD spreadsheet included with this change request:

https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/October-2024.zip

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | | |
|-----------|---|----------------|-------|-----|-----|-------|---------------------------|-----|-----|------------------|--|
| | | A | A/B I | MAC | DME | Share | Shared-System Maintainers | | | Other | |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | | |
| 13672.1 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Urine Culture, Bacterial (190.12) NCD. | | | | | | | | | Fu Associates | |
| 13672.1.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, | | | | | | | | | Fu Associates | |

| Number | Requirement | Responsibility | | | | | | | | |
|-----------|---|----------------|------|-----|-----|-------|---------|--------|---------|------------------|
| | | Α | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | 2024 to the list of ICD- 10-CM codes that are denied by Medicare for the Urine Culture, Bacterial (190.12) NCD. | | | | | | | | | |
| 13672.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV)Testing (Prognosis Including Monitoring) (190.13) NCD. | | | | | | | | | Fu Associates |
| 13672.2.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV)Testing (Prognosis Including Monitoring) (190.13) NCD. | | | | | | | | | Fu Associates |
| 13672.3 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. | | | | | | | | | Fu Associates |
| 13672.3.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | | | | | | | |
|-----------|---|----|------|-----|-----|-------|---------|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. | | | | | | | | | |
| 13672.3.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. | | | | | | | | | Fu Associates |
| 13672.3.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. | | | | | | | | | Fu Associates |
| 13672.4 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are not medically necessary for the Blood Counts (190.15) NCD. | | | | | | | | | Fu Associates |
| 13672.4.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD- | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | | | | | | | |
|-----------|---|----|------|-----|-------|-------|---------|--------|---------|------------------|
| | | Α | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | 10-CM codes that are not medically necessary for the Blood Counts (190.15) NCD. | | | | WITTE | | | | | |
| 13672.4.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Blood Counts (190.15) NCD. | | | | | | | | | Fu Associates |
| 13672.4.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Blood Counts (190.15) NCD. | | | | | | | | | Fu Associates |
| 13672.5 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD. | | | | | | | | | Fu Associates |
| 13672.5.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD. | | | | | | | | | Fu Associates |
| 13672.5.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | | | | | | | |
|-----------|--|----|------|-----|-----|-------|---------|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD. | | | | | | | | | |
| 13672.5.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD. | | | | | | | | | Fu Associates |
| 13672.6 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD. | | | | | | | | | Fu Associates |
| 13672.6.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD. | | | | | | | | | Fu Associates |
| 13672.6.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Prothrombin Time (PT) (190.17) NCD. | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | | | | | | | |
|-----------|--|----|------|-----|-----|-------|---------|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| 13672.6.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Prothrombin Time (PT) (190.17) NCD. | | | | | | | | | Fu Associates |
| 13672.7 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD. | | | | | | | | | Fu Associates |
| 13672.7.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD. | | | | | | | | | Fu Associates |
| 13672.7.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Serum Iron Studies (190.18) NCD. | | | | | | | | | Fu Associates |
| 13672.7.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Serum Iron Studies (190.18) NCD. | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | | | | | | | |
|-----------|--|----|------|-----|-----|-------|---------|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| 13672.8 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Collagen Crosslinks, Any Method (190.19) NCD. | | | | | | | | | Fu Associates |
| 13672.8.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Collagen Crosslinks, Any Method (190.19) NCD. | | | | | | | | | Fu Associates |
| 13672.9 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20A) NCD. | | | | | | | | | Fu Associates |
| 13672.9.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20A) NCD. | | | | | | | | | Fu Associates |
| 13672.9.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare | | | | | | | | | Fu Associates |

| Number | Requirement | Responsibility | | | | | | | | |
|------------|--|----------------|------|-----|-------|-------|---------|--------|---------|------------------|
| | | Α | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | for the Blood Glucose Testing (190.20A) NCD. | | | | WILLE | | | | | |
| 13672.9.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Blood Glucose Testing (190.20A) NCD. | | | | | | | | | Fu Associates |
| 13672.10 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20B) NCD. | | | | | | | | | Fu Associates |
| 13672.10.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20B) NCD. | | | | | | | | | Fu Associates |
| 13672.10.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Blood Glucose Testing (190.20B) NCD. | | | | | | | | | Fu Associates |
| 13672.10.3 | The module developer shall add ICD-10 CM codes provided in the | | | | | | | | | Fu Associates |

| Number | Requirement | Re | | | | | | | | |
|------------|--|----|------|-----|-----|-------|---------|--------|---------|------------------|
| | | Α | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | link effective October 1, 2024 to the list of ICD- 10-CM codes that are denied by Medicare for the Blood Glucose Testing (190.20B) NCD. | | | | | | | | | |
| 13672.11 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Glycated Hemoglobin/Glycated Protein (190.21A) NCD. | | | | | | | | | Fu Associates |
| 13672.11.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Glycated Hemoglobin/Glycated Protein (190.21A) NCD. | | | | | | | | | Fu Associates |
| 13672.12 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Glycated Hemoglobin/Glycated Protein (190.21B) NCD. | | | | | | | | | Fu Associates |
| 13672.12.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Glycated Hemoglobin/Glycated | | | | | | | | | Fu Associates |

| Number | Requirement | Responsibility | | | | | | | | |
|------------|---|----------------|---|-----|-----|------|---------|-----|-----|------------------|
| | | Α | | MAC | DME | | d-Syste | | | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | Protein (190.21B) NCD. | | | | | | | | | |
| 13672.13 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD. | | | | | | | | | Fu Associates |
| 13672.13.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD. | | | | | | | | | Fu Associates |
| 13672.13.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Thyroid Testing (190.22) NCD. | | | | | | | | | Fu Associates |
| 13672.13.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Thyroid Testing (190.22) NCD. | | | | | | | | | Fu Associates |
| 13672.14 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Lipids | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | nsibility | 7 | | | | | |
|------------|---|----|------|-----------|-----|------|---------|-----|-----|------------------|
| | | | | MAC | DME | | d-Syste | | | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | Testing (190.23A) NCD. | | | | | | | | | |
| 13672.14.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Lipids Testing (190.23A) NCD. | | | | | | | | | Fu Associates |
| 13672.14.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Lipids Testing (190.23A) NCD. | | | | | | | | | Fu Associates |
| 13672.14.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Lipids Testing (190.23A) NCD. | | | | | | | | | Fu Associates |
| 13672.15 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Lipids Testing (190.23B) NCD. | | | | | | | | | Fu Associates |
| 13672.15.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | nsibility | • | ī | | | | |
|------------|---|----|------|-----------|-----|------|---------|-----|-----|------------------|
| | | | | MAC | DME | | d-Syste | | | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | the Lipids Testing (190.23B) NCD. | | | | | | | | | |
| 13672.15.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Lipids Testing (190.23B) NCD. | | | | | | | | | Fu Associates |
| 13672.15.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Lipids Testing (190.23B) NCD. | | | | | | | | | Fu Associates |
| 13672.16 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD. | | | | | | | | | Fu Associates |
| 13672.16.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD. | | | | | | | | | Fu Associates |
| 13672.17 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that | | | | | | | | | Fu Associates |

| Number | Requirement | Responsibility | | | | | | | | |
|------------|---|----------------|------|-----|--|-------|---------|---------|--------|------------------|
| , | | A | /B 1 | MAC | DME | Share | d-Syste | m Maint | ainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | are denied by Medicare for the Alpha- fetoprotein (190.25) NCD. | | | | THE CONTRACTOR OF THE CONTRACT | | | | | |
| 13672.17.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Alpha-fetoprotein (190.25) NCD. | | | | | | | | | Fu Associates |
| 13672.18 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Carcinoembryonic Antigen (190.26) NCD. | | | | | | | | | Fu Associates |
| 13672.18.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Carcinoembryonic Antigen (190.26) NCD. | | | | | | | | | Fu Associates |
| 13672.19 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Human Chorionic Gonadotropin (190.27) NCD. | | | | | | | | | Fu Associates |
| 13672.19.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, | | | | | | | | | Fu Associates |

| Number | Requirement | Responsibility | | | | | | | | |
|------------|--|----------------|------|-----|------|-------|---------|---------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Maint | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | 2024 to the list of ICD- 10-CM codes that are denied by Medicare for the Human Chorionic Gonadotropin (190.27) NCD. | | | | Wire | | | | | |
| 13672.20 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 125 (190.28) NCD. | | | | | | | | | Fu Associates |
| 13672.20.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 125 (190.28) NCD. | | | | | | | | | Fu Associates |
| 13672.21 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29) NCD. | | | | | | | | | Fu Associates |
| 13672.21.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29) | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | nsibility | 7 | | | | | |
|------------|---|----|------|-----------|-----|-------|---------|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | NCD. | | | | | | | | | |
| 13672.22 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 19-9 (190.30) NCD. | | | | | | | | | Fu Associates |
| 13672.22.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 19-9 (190.30) NCD. | | | | | | | | | Fu Associates |
| 13672.23 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Prostate Specific Antigen (190.31) NCD. | | | | | | | | | Fu Associates |
| 13672.23.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Prostate Specific Antigen (190.31) NCD. | | | | | | | | | Fu Associates |
| 13672.24 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by | | | | | | | | | Fu Associates |

| Number | Requirement | Responsibility | | | | | | | | |
|------------|--|----------------|------|-----|-----|-------|-----|--------|---------|------------------|
| | | A | /B 1 | MAC | DME | Share | | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | Medicare for the Gamma Glutamyl Transferase (190.32) NCD. | | | | | | | | | |
| 13672.24.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD. | | | | | | | | | Fu Associates |
| 13672.24.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Gamma Glutamyl Transferase (190.32) NCD. | | | | | | | | | Fu Associates |
| 13672.24.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Gamma Glutamyl Transferase (190.32) NCD. | | | | | | | | | Fu Associates |
| 13672.25 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD. | | | | | | | | | Fu Associates |
| 13672.25.1 | The module developer shall add ICD-10 CM | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | ısibility | , | | | | | |
|------------|---|----|------|-----------|-----|-------|---------|--------|---------|------------------|
| | | Α | /B 1 | MAC | DME | Share | d-Syste | m Main | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| | codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD. | | | | | | | | | |
| 13672.26 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are covered by Medicare for the Fecal Occult Blood Test (190.34) NCD. | | | | | | | | | Fu Associates |
| 13672.26.1 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are covered by Medicare for the Fecal Occult Blood Test (190.34) NCD. | | | | | | | | | Fu Associates |
| 13672.26.2 | The module developer shall delete ICD-10 CM codes provided in the link effective September 30, 2024 from the list of ICD-10-CM codes that are denied by Medicare for the Fecal Occult Blood Test (190.34) NCD. | | | | | | | | | Fu Associates |
| 13672.26.3 | The module developer shall add ICD-10 CM codes provided in the link effective October 1, 2024 to the list of ICD-10-CM codes that are denied by Medicare for the Fecal Occult Blood Test (190.34) NCD. | | | | | | | | | Fu Associates |

| Number | Requirement | Re | spoi | nsibility | • | | | | | |
|----------|--|----|------|-----------|-----|-------|---------|---------|---------|------------------|
| | | A | /B I | MAC | DME | Share | d-Syste | m Maint | tainers | Other |
| | | A | В | ННН | MAC | FISS | MCS | VMS | CWF | |
| 13672.27 | The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the Shared System Maintainers (SSMs). | | | | | | | | | Fu Associates |
| 13672.28 | The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release. | | | | | X | X | | | |
| 13672.29 | Contractors shall adjust claims brought to their attention. Contractors do not need to search their files to either retract payment for claims already paid or retroactively pay claims. | X | X | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Re | spoi | nsibility | , | |
|----------|--|----|----------|-----------|------------|------|
| | | | A/ M/ | _ | DME MAC | CEDI |
| | | A | В | ННН | | |
| 13672.30 | Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter. | X | X | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

| X-Ref | Recommendations or other supporting information: |
|-------------|--|
| Requirement | |
| Number | |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0