CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2298	Date: September 2, 2011
	Change Request 7507

Transmittal 2257, dated July 22, 2011, is being rescinded and replaced by Transmittal 2298, dated September 2, 2011, to add some codes and delete others. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2011

I. SUMMARY OF CHANGES: In accordance with Chapter 16, Section 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 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 October 2011. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after October 1, 2011.

EFFECTIVE DATE: October 1, 2011
IMPLEMENTATION DATE: October 3, 2011

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:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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: 2298	Date: September 2, 2011	Change Request: CR 7507

Transmittal 2257, dated July 22, 2011, is being rescinded and replaced by Transmittal 2298, dated September 2 2011, to add some codes and delete others. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2011

Effective Date: October 1, 2011
Implementation Date: October 3, 2011

I.   GENERAL INFORMATION

A. Background: This transmittal announces the changes that will be included in the October 2011 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 the final rule was published 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 April 1, 2003.

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 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 October 2011. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after October 1, 2011.

II.   BUSINESS REQUIREMENTS TABLE
Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
7507.1	The module developer shall delete ICD-9-CM code V19.1 from the list of ICD-9-CM codes that are denied by Medicare for all 23 Lab NCDs.										**Fu Associates**
7507.1.1	The module developer shall add ICD-9-CM codes V19.11 and V19.19 to the list of ICD-9-CM codes that are denied by Medicare for all 23 Lab NCDs.										**Fu Associates**
7507.2	The module developer shall add ICD-9-CM codes 512.81, 512.82, and 512.83 to the list of ICD-9-CM codes that are covered by Medicare for the HIV Testing (Diagnosis) (190.14) NCD.										**Fu Associates**
7507.2.1	The module developer shall delete ICD-9-CM code 512.8 from the list of ICD-9-CM codes that are										**Fu Associates**

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	F I S S	M C S	V M S	C W F	OTHER
	covered by Medicare for the HIV Testing (Diagnosis) (190.14) NCD.										
7507.3	The module developer shall add ICD-9-CM codes 726.13, V40.31, V40.39 and V54.82 to the list of ICD-9-CM codes that Do Not Support Medical Necessity for the Blood Counts (190.15) NCD.										**Fu Associates**
7507.3.1	The module developer shall delete ICD-9-CM codes 718.60 and V40.3 from the list of ICD-9-CM codes that Do Not Support Medical Necessity for the Blood Counts (190.15) NCD.										**Fu Associates**
7507.4	The module developer shall delete ICD-9-CM codes 286.5, 444.0, and 596.8 from the list of ICD-9-CM codes that are covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD.										**Fu Associates**
7507.4.1	The module developer shall add ICD-9-CM codes 286.52, 286.53, 286.59, 444.01, 444.09, 573.5, 596.81, 596.82, 596.83, and 596.89 to the list of ICD-9-CM codes that are covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD.										**Fu Associates**
7507.5	The module developer shall delete ICD-9-CM codes 286.5, 425.1, 444.0, 596.8, and 997.4 from the list of ICD-9-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.										**Fu Associates**
7507.5.1	The module developer shall add ICD-9-CM codes 286.52, 286.53, 286.59, 414.4, 415.13,425.11, 425.18, 444.01, 444.09, 573.5, 596.81, 596.82, 596.83, 596.89, 997.41, 997.49, and V12.55 to the list of ICD-9-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.										**Fu Associates**
7507.6	The module developer shall delete ICD-9-CM codes 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, 173.9, and 286.5 from the list of ICD-9-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD.										**Fu Associates**
7507.6.1	The module developer shall add ICD-9-CM codes 173.00, 173.01, 173.02, 173.09, 173.10, 173.11, 173.12, 173.19, 173.20, 173.21, 173.22, 173.29, 173.30, 173.31, 173.32, 173.39, 173.40, 173.41, 173.42, 173.49, 173.50, 173.51, 173.52, 173.59, 173.60, 173.61, 173.62, 173.69, 173.70, 173.71, 173.72, 173.79, 173.80, 173.81, 173.82, 173.89, 173.90, 173.91, 173.92, 173.99, 282.40, 282.43, 282.44, 282.45, 282.46, 282.47, 286.52, 286.53, 286.59, and 573.5 to the list of ICD-9-CM codes that are covered by Medicare for the Serum Iron Studies										**Fu Associates**

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	M C S	V M S	C W F	OTHER
	(190.18) NCD.										
7507.7	The module developer shall add ICD-9-CM codes 414.4, V23.42 and V23.87 to the list of ICD-9-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20) NCD.										**Fu Associates**
7507.8	The module developer shall delete ICD-9-CM code V12.2 from the list of ICD-9-CM codes that are covered by Medicare for the Glycated Hemoglobin/Glycated Protein (190.21) NCD.										**Fu Associates**
7507.8.1	The module developer shall add ICD-9-CM codes V12.21 and V12.29 to the list of ICD-9-CM codes that are covered by Medicare for the Glycated Hemoglobin/Glycated Protein (190.21) NCD.										**Fu Associates**
7507.9	The module developer shall delete ICD-9-CM code V12.2 from the list of ICD-9-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD.										**Fu Associates**
7507.9.1	The module developer shall add ICD-9-CM codes V12.21 and V12.29 to the list of ICD-9-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD.										**Fu Associates**
7507.10	The module developer shall delete ICD-9-CM code 444.0 from the list of ICD-9-CM codes that are covered by Medicare for the Lipids Testing (190.23) NCD.										**Fu Associates**
7507.10.1	The module developer shall add ICD-9-CM codes 414.4, 444.01, 444.09 and 573.5 to the list of ICD-9-CM codes that are covered by Medicare for the Lipids Testing (190.23) NCD.										**Fu Associates**
7507.11	The module developer shall delete ICD-9-CM code 425.1 from the list of ICD-9-CM codes that are covered by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD.										**Fu Associates**
7507.11.1	The module developer shall add ICD-9-CM codes 414.4, 425.11, 425.18, 444.01, 444.09, and 573.5 to the list of ICD-9-CM codes that are covered by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD.										**Fu Associates**
7507.12	The module developer shall delete ICD-9-CM codes 425.1 and 793.1 from the list of ICD-9-CM codes that are covered by Medicare for the Alpha-fetoprotein (190.25) NCD.										**Fu Associates**
7507.12.1	The module developer shall add ICD-9-CM codes 414.4, 425.11, 425.18, 444.01, 444.09, 573.5, 793.11, and 793.19 to the list of ICD-9-CM codes that are										**Fu Associates**

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
	covered by Medicare for the Alpha-fetoprotein (190.25) NCD.										
7507.13	The module developer shall delete ICD-9-CM code 631 from the list of ICD-9-CM codes that are covered by Medicare for the Human Chorionic Gonadotropin (190.27) NCD.										**Fu Associates**
7507.13.1	The module developer shall add ICD-9-CM codes 631.0 and 631.8 to the list of ICD-9-CM codes that are covered by Medicare for the Human Chorionic Gonadotropin (190.27) NCD.										**Fu Associates**
7507.14	The module developer shall delete ICD-9-CM codes 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, and 173.9 from the list of ICD-9-CM codes that are covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.										**Fu Associates**
7507.14.1	The module developer shall add ICD-9-CM codes 173.00, 173.01, 173.02, 173.09, 173.10, 173.11, 173.12, 173.19, 173.20, 173.21, 173.22, 173.29, 173.30, 173.31, 173.32, 173.39, 173.40, 173.41, 173.42, 173.49, 173.50, 173.51, 173.52, 173.59, 173.60, 173.61, 173.62, 173.69, 173.70, 173.71, 173.72, 173.79, 173.80, 173.81, 173.82, 173.89, 173.90, 173.91, 173.92, 173.99, and 573.5 to the list of ICD-9-CM codes that are covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.										**Fu Associates**
7507.15	The module developer shall add ICD-9-CM code 573.5 to the list of ICD-9-CM codes that are covered by Medicare for the Hepatitis Panel / Acute Hepatitis Panel (190.33) NCD.										**Fu Associates**
7507.16	The module developer shall delete ICD-9-CM code 286.5 from the list of ICD-9-CM codes that are covered by Medicare for the Fecal Occult Blood Test (190.34) NCD.										**Fu Associates**
7507.16.1	The module developer shall add ICD-9-CM codes 286.52, 286.53, and 286.59 to the list of ICD-9-CM codes that are covered by Medicare for the Fecal Occult Blood Test (190.34) NCD.										**Fu Associates**
7507.17	The module developer shall provide the revised software as a mainframe file (i.e., load module) to CMS to be distributed to the Shared System Maintainers.										**Fu Associates**
7507.18	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.						X	X			
7507.19	Contractors shall adjust claims brought to their	X		X	X						

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
	attention. Contractors do not need to search their files to either retract payment for claims already paid or to retroactively pay claims.										
7507.20	Contractors shall note the appropriate ICD-10 code(s) (if any) listed below. Contractors shall track the ICD-10 codes and ensure that the updated edit is turned on as part of the ICD-10 implementation. **Note: For this release, there are currently no ICD-10-CM equivalent codes available for the new ICD-9-CM codes becoming effective in October 2011.**						X				**Fu Associates**

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
7507.21	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 Requirement Number	Recommendations or other supporting information:
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, Lisa.Eggleston@cms.hhs.gov, Kimberly Long, 410-786-5702, Kimberly.Long@cms.hhs.gov, Patricia Brocato-Simons, 410-786-0261, Patricia.Brocatosimons@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical representative (COTR) or Contractor Manager, as applicable'

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RRHIs):*

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.