CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1735	Date: May 15, 2009
	Change Request 6481

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

**I. SUMMARY OF CHANGES:** 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 July 2009. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after July 1, 2009.

#### New / Revised Material Effective Date: July 1, 2009 Implementation Date: July 6, 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.

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

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

## I. GENERAL INFORMATION

**A. Background:** This transmittal announces the changes that will be included in the July 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 July 2009. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after July 1, 2009.

#### II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Re	spon	sibili	ty (p	lace	an "	X" in	each	app	licable
		col	lumn	4	-						
		A	D	F	C	R			-Syste		OTHER
		/ D	M E	1	A R	H H	F		ainers		
		D	E		R	П	F I	M C	M	w	
		М	М		I	_	s	S	S	F	
		Α	Α		Е		S				
		C	C		R						
6481.1	The module developer shall add ICD-9-CM codes										Fu Associates
	200.30-200.38, 200.40-200.48, 200.50-200.58,										Associates
	200.60-200.68, 200.70-200.78, 202.70-202.78 and										
	440.4 to the list of ICD-9-CM codes that are covered										
	by Medicare for the Prothrombin Time (PT) (190.17)										
	NCD.										
6481.2	The module developer shall add ICD-9-CM codes										Fu Associates
	200.30-200.38, 200.40-200.48, 200.50-200.58,										Associates
	200.60-200.68, 200.70-200.78 and 202.70-202.78 to										
	the list of ICD-9-CM codes that are covered by										
	Medicare for the Serum Iron Studies (190.18) NCD.										
6481.3	The module developer shall add ICD-9-CM code										Fu Associates
	440.4 to the list of ICD-9-CM codes that covered by										Associates
	Medicare for the Lipids Testing (190.23) NCD.										

Number	Requirement		spon lumn		ty (p	lace	an "I	X" in	each	app	licable
		A / B	D M E	F I	C A R R	R H H I	F I	hared- Maint M C S	ainers V M	C W	OTHER
		M A C	M A C		E R		S S	S	S	F	
6481.4	The module developer shall add ICD-9-CM codes 200.30-200.38, 200.40-200.48, 200.50-200.58, 200.60-200.68, 200.70-200.78 and 202.70-202.78 to the list of ICD-9-CM codes that are covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.										Fu Associates
6481.5	The module developer shall make the revised software available to download from the CMS data center via connect:direct. The developer shall notify the SSMs of the data set names via email.										Fu Associates
6481.6	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.						X	X			

## III. PROVIDER EDUCATION TABLE

Number	Requirement		spon umn		ity (p	lace	an "Y	K" in	each	app	licable
		A / B	D M E	F I	C A R	R H H			Syste ainers V		OTHER
		M A C	M A C		R I E R	I	I S S	C S	M S	W F	
6481.7	A provider education article related to this instruction will be available 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	

## 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), Regional Home Health Intermediaries (RRHIs), 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.