CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3396	Date: November 5, 2015
	<b>Change Request 9352</b>

Transmittal 3366, dated October 2, 2015 is being rescinded and replaced by Transmittal 3396, dated November 5, 2015 to change the effective date to October 1, 2015. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2016

**I. SUMMARY OF CHANGES:** This transmittal announces the changes that will be included in the January 2016 quarterly release of the edit module for clinical diagnostic laboratory services.

# **EFFECTIVE DATE: October 1, 2015**

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

**IMPLEMENTATION DATE: January 4, 2016** 

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	Date: November 5, 2015	Change Request: 9352
-------------	------------------------	----------------------

Transmittal 3366, dated October 2, 2015 is being rescinded and replaced by Transmittal 3396, dated November 5, 2015 to change the effective date to October 1, 2015. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2016

**EFFECTIVE DATE: October 1, 2015** 

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

**IMPLEMENTATION DATE: January 4, 2016** 

#### I. GENERAL INFORMATION

- **A. Background:** This transmittal announces the changes that will be included in the January 2016 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-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 January 2016. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after October 1, 2015.

# II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility																																								
		A/B MAC						A/B			D		Sha	red-		Other																										
								MAC		MAC		MAC		MAC		MAC		MAC		MAC																						
														M	aint	aine	ers																									
		A	А В Н		В	Н		F	M	V	C																															
				Н	M	I	C	M	W																																	
				Н	A	S	S	S	F																																	
					C	S																																				
9352.1	The module developer shall add ICD-10-CM codes N131 and N132 to the list of ICD-10-CM codes that									FU Associates																																
	are covered by Medicare for the Urine Culture,																																									
	Bacterial (190.12) NCD.																																									
9352.2	The module developer shall add ICD-10-CM code									FU Associates																																
	I481 to the list of ICD-10-CM codes that are covered																																									
	by Medicare for the Partial Thromboplastin Time																																									
	(PTT) (190.16) NCD.																																									

Number	er Requirement Responsibility																																																																										
Tumber	Requirement	A/B MAC		A/B MAC			A/B			A/B			A/B			A/B		A/I		A/B		A/B		A/B		A/B		A/B MAC		A/B I MAC		A/B MAC			A/B D		Shared- System				Other																																		
		A	В	H H H	M A C	F	M C S		С																																																																		
9352.3	The module developer shall add ICD-10-CM code S069X0A to the list of ICD-10-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.									FU Associates																																																																	
9352.4	The module developer shall add ICD-10-CM code I481 to the list of ICD-10-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD.									FU Associates																																																																	
9352.5	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.									FU Associates																																																																	
9352.6	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		Responsibility					
			A/B MA(		D M E	C E D		
		A	В	H H H	M A C	Ι		
9352.7	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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					

# IV. SUPPORTING INFORMATION

 ${\bf Section \ A: \ Recommendations \ and \ supporting \ information \ associated \ with \ listed \ requirements:}$ 

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Patricia Brocato-Simons, patricia.brocatosimons@cms.hhs.gov, Kimberly.long@cms.hhs.gov, Wanda Belle, wanda.belle@cms.hhs.gov

**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**