

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The Office of Management and Budget recently approved changes to the Medicare Provider-Supplier Enrollment Applications (CMS-855) in order to update them from the 2008 versions, as well as the new CMS-855O application form used for the sole purpose of enrolling to order and refer items and/or services to Medicare beneficiaries. The revised and new forms are now available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html> on the Centers for Medicare & Medicaid Services (CMS) website. Providers and suppliers enrolling for the sole purpose to order and refer are required to begin using the new CMS-855O form immediately. Providers and suppliers using the other CMS-855 forms to enroll in Medicare are encouraged to begin.

MLN Matters® Number: MM7507 **Revised**

Related Change Request (CR) #: 7507

Related CR Release Date: September 2, 2011

Effective Date: October 1, 2011

Related CR Transmittal #: R2298CP

Implementation Date: October 3, 2011

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

Note: This article was updated on August 8, 2012, to reflect current Web addresses. Previously, it was revised on September 6, 2011, to reflect a revised CR7507. The CR was revised to add some codes and delete some codes from the various NCDs. In addition, the CR release date, transmittal number, and the web address for accessing the CR have been revised.

Provider Types Affected

This article is for physicians, providers, and suppliers submitting claims to Medicare Carriers, Fiscal Intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for clinical diagnostic laboratory services provided for Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 7507, which announces the changes that will be included in the October 2011 release of Medicare's edit module for clinical

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diagnostic laboratory National Coverage Determinations (NCDs). The last quarterly release of the edit module was issued in April 2011. Be sure billing staff know about these changes.

Background

The NCDs for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published in a final rule on November 23, 2001. Nationally uniform software was developed and incorporated in Medicare's systems so that laboratory claims subject to one of the 23 NCDs were processed uniformly throughout the nation effective July 1, 2003. In accordance with the "Medicare Claims Processing Manual," Chapter 16, Section 120.2, available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c16.pdf> on the Centers for Medicare & Medicaid Services (CMS) website, 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.

CR7507 announces changes to the laboratory edit module for changes in laboratory NCD code lists for October 2011. These changes become effective for services furnished on or after October 1, 2011. The changes that are effective for dates of service on and after October 1, 2011 are as follows:

- For Codes That Are Denied By Medicare For All 23 Lab NCDs:
 - 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.
 - 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.
- For codes that are Covered by Medicare for the HIV Testing:
 - Add ICD-9-CM codes 512.81, 512.82, and 512.83 to the list of codes covered by Medicare for HIV Testing (Diagnosis) (190.14) NCD.
 - Delete ICD-9-CM code 512.8 from that same list.
- For Codes That Do Not Support Medical Necessity For The Blood Counts
 - 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.
 - Delete ICD-9-CM codes 718.60 and V40.3 from that list.
- For Partial Thromboplastin Time

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- 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.
- Add ICD-9-CM codes 286.52, 286.53, 286.59, 444.01, 444.09, 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.
- For Prothrombin Time
 - 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.
 - 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.
- For Serum Iron Studies
 - 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.
 - 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 (190.18) NCD.
- For Blood Glucose Testing
 - 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.
- For Glycated Hemoglobin/Glycated Protein
 - 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.

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- 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.
- For Thyroid Testing:
 - Delete ICD-9-CM code V12.2 from the list of covered ICD-9-CM codes for the Thyroid Testing (190.22) NCD.
 - 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.
- For Lipids Testing
 - 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.
 - 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.
- For Digoxin Therapeutic Drug Assay:
 - Add ICD-9-CM codes 414.4, 425.11, 425.18, 444.01, 44.09, and 573.5 to the list of codes covered by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD.
- For Alpha-fetoprotein:
 - Delete ICD-9-CM codes 425.1 and 793.1 from the list of codes covered by Medicare for the Alpha-fetoprotein (190.25) NCD.
 - Add ICD-9-CM codes 414.4, 425.11, 425.18, 444.01, 444.09, 573.5, 793.11, and 793.19 to the same list of covered codes.
- For Human Chorionic Gonadotropin
 - 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.
 - 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.
- For Gamma Glutamyl Transferase:
 - 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 covered ICD-9-CM codes for the Gamma Glutamyl Transferase (190.32) NCD.
 - 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.

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- Add ICD-9-CM code 573.5 to the list of codes covered by Medicare for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD.
- For Fecal Occult Blood Test
 - 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.
 - 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.

Additional Information

The official instruction, CR7507 issued to your carrier, FI or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2298CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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