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Related CR Transmittal #: 225

Implementation Date: October 4, 2004

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2004

Note: This article was updated on April 5, 2013, to reflect current Web addresses. All other information remains unchanged..

Provider Types Affected

Clinical Diagnostic Laboratories

Provider Action Needed



STOP – Impact to You

Laboratories must be aware of changes being made to the ICD-9-CM codes as part of the NCD Edit Software Update in October, 2004.



CAUTION – What You Need to Know

These changes are necessary so that the lab edit module will appropriately process claims using the most current ICD-9-CM codes effective October 1, 2004. They also implement changes to the list of covered codes developed through the coding analysis public process.



GO – What You Need to Do

Adopt the new codes in your billing process effective October, 2004 and begin using them for services on or after that time to assure prompt and accurate payment of your claim.

Background

The NCDs for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published as a final rule on November 23, 2001. Nationally uniform software has been developed by Computer Sciences Corporation and incorporated in the Medicare's claims

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processing systems so that laboratory claims subject to one of the 23 NCDs are processed uniformly throughout the nation effective January 1, 2003.

The laboratory edit module for the NCDs is being updated quarterly as necessary to reflect ministerial coding updates and substantive changes to the NCDs developed through the NCD process. (See Pub. 100-4, Chapter 16, §120.2.)

Implementation

This article describes upcoming changes to the list of codes associated with the 23 negotiated laboratory NCDs. Most of the changes are a result of new ICD-9-CM codes that become effective on October 1, 2004. A few changes are the result of coding analysis that were conducted through the public process announced in the December 24, 2003 Federal Register.

In accordance with the coding analysis the following laboratory services will have coding changes:

1. Deleting the following diagnosis codes from the list of "ICD-9-CM Codes Covered by Medicare" for the urine culture NCD:

- *584.5 Acute renal failure with lesion of tubular necrosis;*
- *584.9 Acute renal failure, unspecified; and*
- *586 Unspecified renal failure.*

Coverage for these codes will terminate for services furnished on or after October 1, 2004.

2. Adding diagnosis code *729.81 Swelling of limb*, to the list of "ICD-9-CM Codes Covered by Medicare" for the prothrombin time (PT) and partial thromboplastin time (PTT) NCDs. Coverage for this code will begin for services furnished on or after October 1, 2004.

3. Adding diagnosis code *600.01, Benign prostate hypertrophy with urinary obstruction*, to the list of "ICD-9-CM Codes Covered by Medicare" for the prostate specific antigen (PSA) test NCD. Coverage for this code will begin for services furnished on or after October 1, 2004.

In order to accommodate the new ICD-9-CM coding changes that become effective on October 1, 2004, the Centers for Medicare & Medicaid Services (CMS) is making the following changes to the edit module. These changes become effective for services furnished on or after October 1, 2004.

- CMS is adding new ICD-9-CM code 788.38 to the list of ICD-9-CM codes covered by Medicare for urine culture NCD.
- CMS is adding new ICD-9-CM codes 070.70, 070.71, 588.81, 588.89, V01.71, and V01.79 to the list of ICD-9-CM codes covered by Medicare for HIV testing (diagnosis). We are terminating coverage of ICD-9-CM codes V01.7 and 588.8 with services furnished on or after October 1, 2004.
- CMS is adding the following new ICD-9-CM codes to the list of ICD-9-CM codes that do not support medical necessity for the blood counts NCD: 521.06, 521.07, 521.08, 521.10-521.15, 521.20-521.25, 521.30-521.35, 521.40-521.42, 521.49, 524.07, 524.20-524.37, 524.39, 524.50-524.57, 524.59, 524.64, 524.75, 524.76, 524.81, 524.82, 524.89, 525.20-525.26, 618.00-618.05, 618.09, 618.81-618.83, 618.89, 692.84, V72.40, and V72.41. We are removing the following ICD-9-CM codes that are

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no longer valid from that list: 521.1, 521.2, 521.3, 521.4, 524.2, 524.3, 524.5, 524.8, 525.2, 618.0, 618.8, and V72.4.

- CMS is adding the following new ICD-9-CM codes to the list of ICD-9-CM codes covered by Medicare for the partial thromboplastin time NCD: 070.70, 070.71, 453.40-453.42.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the prothrombin time NCD: 070.70, 070.71, 453.40-453.42, 530.86, and 530.87.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the serum iron studies NCD: 070.70 and 070.71.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the collagen crosslinks NCD: 252.00-252.02, and 252.08. We are removing ICD-9-CM code 252.0, which is no longer a valid code, from that list.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the blood glucose testing NCD: 491.22, 707.00-707.07, 707.09, and V58.67. We are removing ICD-9-CM code 707.0, which is no longer a valid code, from that list.
- CMS is adding new ICD-9-CM code V58.67 to the list of covered diagnoses for glycated hemoglobin.
- CMS is adding new ICD-9-CM codes to the list of covered diagnoses for the lipid testing NCD: 588.81, and 588.89. We are removing ICD-9-CM code 588.8, which is no longer a valid code, from that list.
- CMS is adding new ICD-9-CM codes to the list of covered diagnoses for the digoxin therapeutic drug assay NCD: 588.81, and 588.89. We are removing ICD-9-CM code 588.8, which is no longer a valid code, from that list.
- CMS is adding new ICD-9-CM code 273.4 to the list of covered diagnoses for alpha-fetoprotein.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the gamma glutamyl transferase NCD: 070.70, 070.71, 252.00-252.02, 252.08, 273.4, 453.40-453.42, 588.81, and 588.89. We are removing ICD-9-CM code 252.0 and 588.8, which are no longer valid codes, from that list.
- CMS is adding the following new ICD-9-CM codes to the list of covered diagnoses for the hepatitis panel NCD: 070.70 and 070.71.
- CMS is adding new ICD-9-CM code V58.66 to the list of covered diagnoses for the fecal occult blood test.

Related Instructions

The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R225CP.pdf> on the CMS website.

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Additional Information

The Health Insurance Portability and Accountability Act (HIPAA) requires that medical code sets must be date-of-service compliant. Since ICD-9-CM is a medical code set, effective for dates of service on and after October 1, 2004, CMS will no longer provide a 90-day grace period for providers to use in billing discontinued ICD-9-CM diagnosis codes on Medicare claims.

The updated ICD-9-CM codes are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment Systems in Table 6 and effective each October 1.

Carriers and DMERCs must eliminate the ICD-9-CM diagnosis code grace period from their system effective with the October 1, 2004 update. Carriers and DMERCs will no longer accept discontinued diagnosis codes for dates of service October 1 through December 31 of the current year. Claims containing a discontinued ICD-9-CM diagnosis code will be returned as unprocessable.

Physicians, practitioners, and suppliers must use the current and valid diagnosis code that is in effect beginning October 1, 2004. After the ICD-9-CM codes are published in the Federal Register, CMS places the new, revised, and discontinued codes at <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html> on the CMS website.

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