

MLN Matters Number: MM4161

Related Change Request (CR) #: 4161

Related CR Release Date: November 18, 2005

Effective Date: January 1, 2006

Related CR Transmittal #: 758

Implementation Date: January 3, 2006

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2006

Note: This article was updated on February 25, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers and/or fiscal intermediaries (FIs) for clinical diagnostic laboratory services

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4161, which announces the implementation of changes to the list of codes associated with the 23 negotiated laboratory NCDs.



CAUTION – What You Need to Know

These changes to the list of codes are a result of revised NCD and coding analysis decisions developed under the procedures for maintenance of codes in the negotiated NCDs. They are necessary for the correct processing of claims using the most current negotiated lab NCDs and code lists.



GO – What You Need to Do

See the *Background* section of this article for further details regarding these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The National Coverage Determinations (NCDs) for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published in the Federal Register as a final rule on November 23, 2001. (See below for links to the Final Rule.)

The Centers for Medicare & Medicaid Services (CMS) funded the development of software (laboratory edit module) to be incorporated in the shared systems so that laboratory claims subject to one of the 23 NCDs are processed uniformly throughout the nation effective January 1, 2003. (See below for more information contained in the *Medicare Claims Processing Manual*.)

Note: The laboratory edit module for the NCDs is updated quarterly as necessary to reflect coding updates and substantive changes to the NCDs developed through the NCD process.

Change Request (CR) 4161 announces the changes that will be included in the January 2006 release of the edit module for clinical diagnostic laboratory services. Changes are being made to the NCD code lists (as described below) to accommodate changes to the list of codes that have been made through the NCD and/or coding analysis process as explained in the final Federal Register notice. (See reference below.)

The Final Rule, Federal Register Volume 66, Number 226, can be found at http://www.access.gpo.gov/su_docs/fedreg/a011123c.html. The Medicare Claims Processing Manual (Pub. 100-04, Chapter 16, Section 120.2) is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c16.pdf> on the CMS website. The final Federal Register notice, Volume 70, Number 37, dated February 25, 2005, can be found at http://www.access.gpo.gov/su_docs/fedreg/a050225c.html.

Code Changes

CR4161 announces the following changes:

- **ICD-9-CM code V76.44** (special screening for malignant neoplasms, prostate) will be removed from the list of ICD-9-CM codes not covered by Medicare. This list of codes affects all 23 negotiated laboratory NCDs.
- **ICD-9-CM code V76.44** (special screening for malignant neoplasms, prostate) will be added to the list of ICD-9-CM codes that do not support Medical Necessity in the Blood Counts NCD.
- **ICD-9-CM codes 158.8** (Malignant neoplasms, specific parts of peritoneum) and **158.9** (Malignant neoplasms, peritoneum, unspecified) will be added to

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

the list of ICD-9-CM codes covered by Medicare in the Tumor Antigen by Immunoassay CA 125 NCD.

Decision memoranda explaining these changes can be found by going to <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website and search for the change. These changes become effective for services furnished on or after January 1, 2006.

Additional Information

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R758CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary 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.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.