

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3925</b>	<b>Date: November 21, 2017</b>
	<b>Change Request 10309</b>

**Transmittal 3872, dated October 6, 2017, is being rescinded and replaced by Transmittal 3925, dated, November 21, 2017 to remove business requirement 10309.11.1 and to add business requirement 10309.29. All other information remains the same.**

**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2018**

**I. SUMMARY OF CHANGES:** This purpose of this Change Request (CR) announces the changes that will be included in the January 2018 quarterly release of the edit module for clinical diagnostic laboratory services. This Recurring Update Notification applies to Chapter 16, Section 120.2, Publication 100-04.

**EFFECTIVE DATE: October 1, 2017 - -Unless otherwise noted**

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

**IMPLEMENTATION DATE: January 2, 2018**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**





















Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	NCD.								
10309.25	The module developer shall delete ICD-10 CM code provided in the link effective September 30, 2017 from the list of ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV)Testing (Prognosis Including Monitoring) (190.13) NCD.								FU Associates
10309.26	The module developer shall delete ICD-10 CM code provided in the link effective September 30, 2017 from the list of ICD-10-CM codes that are denied by Medicare for the Blood Glucose Testing (190.20A) NCD.								FU Associates
10309.27	The module developer shall delete ICD-10 CM code provided in the link effective September 30, 2017 from the list of ICD-10-CM codes that are denied by Medicare for the Carcinoembryonic Antigen (190.26) NCD.								FU Associates
10309.28	The module developer shall delete ICD-10 CM code provided in the link effective September 30, 2017 from the list of ICD-10-CM codes that are denied by Medicare for the Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29) NCD.								FU Associates
10309.29	The module developer shall add ICD-10-CM code provided in the link effective October 1, 2017 to the list of ICD-10-CM codes that are denied by Medicare for the Blood Counts (190.15) NCD.								FU Associates

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
10309.30	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will	X	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
	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.					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Patricia Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov , Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov , Kimberly Long, 410-786-5702 or kimberly.long@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**