

<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 1093</b>	<b>Date: OCTOBER 27, 2006</b>
	<b>Change Request 5384</b>

**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2007**

**I. SUMMARY OF CHANGES:** This transmittal announces the changes that will be included in the January, 2007 release of the edit module for clinical diagnostic laboratory NCDs.

**NEW/REVISED MATERIAL:**

**EFFECTIVE DATE: JANUARY 1, 2007**

**IMPLEMENTATION DATE: JANUARY 2, 2007**

*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)**

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

**III. FUNDING:**

**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.**

**IV. ATTACHMENTS:**

**Recurring Update Notification**

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

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1093	Date: October 27, 2006	Change Request: 5384
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**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January, 2007**

**Effective Date: January 1, 2007**

**Implementation Date: January 2, 2007**

## I. GENERAL INFORMATION

**A. Background:** This transmittal announces the changes that will be included in the January, 2007 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 published as a final rule on November 23, 2001. Nationally uniform software has been developed by Computer Sciences Corporation and 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. The laboratory edit module for the NCDs will be updated quarterly as necessary to reflect ministerial coding updates and substantive changes to the NCDs developed through the NCD process. (See Pub. 100-04, chapter 16, §120.2.)

**B. Policy:** In accordance with chapter 16, section §120.2, the laboratory edit module is updated quarterly. 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-9-CM codes. This instruction communicates requirements to shared system maintainers and contractors notifying them of changes to the laboratory edit module to update it for changes in laboratory NCD code lists for January 2007. Changes are being made to the NCD code lists as described below. These changes become effective for services furnished on or after January 1, 2007.

## II. BUSINESS REQUIREMENTS

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M R C	R E H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R		F I S S	M C S	V M S	C W F		
5384.1	The module developer shall add ICD-9-CM codes V58.83 to the list of ICD-9-CM codes covered by Medicare for the Prothrombin Time (190.17) NCD.											CSC
5384.2	The module developer shall add ICD-9-CM codes V58.83 to the list of ICD-9-CM codes covered by Medicare for the Partial Thromboplastin Time (190.16) NCD.											CSC





Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	article. 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**

**A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use the space below: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Maria Ciccanti 410-786-3107

**Post-Implementation Contact(s):** Regional Offices

**VI. FUNDING**

**A. For TITLE XVIII Contractors, use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**B. For Medicare Administrative Contractors (MAC), use only one of the following statements:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.