

<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 2344</b>	<b>Date: November 4, 2011</b>
	<b>Change Request 7621</b>

**Transmittal 2320, dated October 21, 2011, is being rescinded and replaced by Transmittal 2344, dated November 04, 2011 to add the second effective date of January 1, 2012 for all remaining BR, which was inadvertently not included on the Transmittal Sheet. All other information remains the same.**

**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2012**

**I. SUMMARY OF CHANGES:** In accordance with Chapter 16, Section 120.2, Publication 100-04, 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. 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 (SSMs) and contractors notifying them of changes to the laboratory edit module to update it for changes in laboratory NCD code lists for January 2012. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after January 1, 2012.

**EFFECTIVE DATE: October 1, 2011 for BR 7621.1**

**January 1, 2012 for all remaining BRs**

**IMPLEMENTATION DATE: January 3, 2012**

*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/revise 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	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

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

**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**

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

**Attachment – Recurring Update Notification**

<b>Pub. 100-04</b>	<b>Transmittal: 2344</b>	<b>Date: November 4, 2011</b>	<b>Change Request: CR 7621</b>
--------------------	--------------------------	-------------------------------	--------------------------------

**Transmittal 2320, dated October 21, 2011, is being rescinded and replaced by Transmittal 2344, dated November 04, 2011 to add the second effective date of January 1, 2012 for all remaining BR, which was inadvertently not included on the Transmittal Sheet. All other information remains the same.**

**SUBJECT:** Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2012

**Effective Date:** October 1, 2011 for BR 7621.1  
January 1, 2012 for all remaining BRs

**Implementation Date:** January 3, 2012

**I. GENERAL INFORMATION**

**A. Background:** This transmittal announces the changes that will be included in the January 2012 quarterly 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 the final rule was published on November 23, 2001. Nationally uniform software was developed and incorporated in the shared systems so that laboratory claims subject to one of the 23 NCDs were processed uniformly throughout the nation effective April 1, 2003.

**B. Policy:** In accordance with Chapter 16, §120.2, Publication 100-04, 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. 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 (SSMs) and contractors notifying them of changes to the laboratory edit module to update it for changes in laboratory NCD code lists for January 2012. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after January 1, 2012.

**II. BUSINESS REQUIREMENTS TABLE**

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  I E R	C A R  I E R	R H I  I S S	Shared-System Maintainers				OTHE R
						F I S S	M C S	V M S	C M W F		
7621.1	The module developer shall add ICD-9-CM codes 786.50 and 786.51 to the list of ICD-9-CM codes that are covered by Medicare for the Prothrombin Time (190.17) NCD. <i>NOTE: The October 1, 2011 effective date is a result of a Coding Analysis for Labs (CAL) released on July</i>									<b>Fu Associ ates</b>	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A R I E R	R H H I  S S	Shared-System Maintainers				OTHE R
							F I S S	M C S	V M S	C W F	
	<i>21, 2011 but we were unable to include it in the October 2011 release due to internal timeframes.</i>										
7621.2	The module developer shall delete ICD-9-CM codes 425.11 and 425.18 from the list of ICD-9-CM codes that are covered by Medicare for the Alpha-fetoprotein (190.25) NCD.										<b>Fu Associ ates</b>
7621.3	The module developer shall provide the revised software as a mainframe file (i.e., load module) to CMS to be distributed to the Shared System Maintainers.										<b>Fu Associ ates</b>
7621.4	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.						X	X			
7621.5	Contractors shall adjust claims brought to their attention. Contractors do not need to search their files to either retract payment for claims already paid or to retroactively pay claims.	X		X	X						
7621.6	Contractors shall note the appropriate ICD-10 code(s) (if any) listed below. Contractors shall track the ICD-10 codes and ensure that the updated edit is turned on as part of the ICD-10 implementation.	X		X	X		X	X			
		ICD-9-CM Code		ICD-10-CM Code							
		786.50		R07.9							
		786.51		R07.2							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A R I E R	R H H I  S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7621.7	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters"	X		X	X						

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 I E R	R H H I   	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	<p>listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>										

**IV. SUPPORTING INFORMATION**

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

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
None.	

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

**V. CONTACTS**

**Pre-Implementation Contact(s):**

Lisa Eggleston, 410-786-6130, [Lisa.Eggleston@cms.hhs.gov](mailto:Lisa.Eggleston@cms.hhs.gov),  
 Kimberly Long, 410-786-5702, [Kimberly.Long@cms.hhs.gov](mailto:Kimberly.Long@cms.hhs.gov),  
 Patricia Brocato-Simons, 410-786-0261, [Patricia.Brocatosimons@cms.hhs.gov](mailto:Patricia.Brocatosimons@cms.hhs.gov)

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

Contact your Contracting Officer's Technical representative (COTR) or Contractor Manager, as applicable'

**VI. FUNDING**

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RRHIs):**

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

**Section B: *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.