

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3656	Date: November 16, 2016
	Change Request 9806

Transmittal 3628, dated October 21, 2016, is being rescinded and replaced by Transmittal 3656, dated, November 16, 2016 to change the implementation date to December 5, 2016. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2017

I. SUMMARY OF CHANGES: This transmittal announces the changes that will be included in the January 2017 quarterly release of the edit module for clinical diagnostic laboratory services.

EFFECTIVE DATE: October 1, 2016

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

IMPLEMENTATION DATE: December 5, 2016

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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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	C W F		
9806.16.1	The module developer shall add ICD-10-CM codes K5221, K5222, K5229, K55011, K55012, K55019, K55021, K55022, K55029, K55031, K55032, K55039, K55041, K55042, K55049, K55051, K55052, K55059, K55061, K55062, K55069, K5939, K8500, K8501, K8502, K8510, K8511, K8512, K8520, K8521, K8522, K8530, K8531, K8532, K8580, K8581, K8582, K8590, K8591, K8592, K8681, K8689, K9041, and K9049 effective 10/1/2016 to the list of ICD-10-CM codes that are covered by Medicare for the Fecal Occult Blood Test (190.34) NCD.									FU Associates	
9806.17	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the Shared System Maintainers (SSMs).									FU Associates	
9806.18	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.					X	X				
9806.19	The module developer shall delete ICD-10-CM code N508 effective 9/30/2016 from the list of ICD-10-CM codes that are covered by Medicare for the Alpha-fetoprotein (190.25) NCD.									FU Associates	
9806.19.1	The module developer shall add ICD-10-CM codes N50811, N50812, N50819, N5082, and N5089 effective 10/1/2016 to the list of ICD-10-CM codes that are covered by Medicare for the Alpha-fetoprotein (190.25) NCD.									FU Associates	
9806.20	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								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
9806.21	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will 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.	X	X			

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): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov, Kimberly Long, 410-786-5702 or kimberly.long@cms.hhs.gov, Patricia Brocato-Simons, 410-786-0261 or Patricia.brocato-simons@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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0