
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-084

Date: JUNE 6, 2003

CHANGE REQUEST 2737

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 1, 2003

Purpose:

This Program Memorandum (PM) announces the changes that will be included in the July release of the edit module for clinical diagnostic laboratory services. Program Memorandum AB 02-110 implemented the NCDs for clinical diagnostic laboratory services that were developed by the laboratory negotiated rulemaking committee and published as a final rule on November 23, 2001. We announced in the PM that nationally uniform software would be developed by Computer Sciences Corporation and incorporated in the shared systems so that laboratory claims subject to one of the 23 NCDs would be 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 NCD developed through the NCD process. The April update was discussed in PM AB-03-030.

Policy:

The following changes are made to the edit module effective for services furnished on or after July 1, 2003.

1. In accordance with the decision memorandum published on the coverage Internet site on March 21, 2003, (see <http://cms.hhs.gov/ncdr/memo.asp?id=88>), we are adding the following Current Procedure Terminology (CPT) code to the blood counts NCD: 85004, Blood count automated differential white blood cell (WBC) count; 85032, Manual cell count (erythrocyte, leukocyte, or platelet) each; and 85049, Platelet, automated. These codes are new to CPT beginning in January 1, 2003. We have determined that they are essentially the same as codes that were originally included in the blood count NCD as negotiated by the rulemaking committee.
2. In accordance with the decision memorandum published on the coverage Internet site on May 16, 2003, (see <http://cms.hhs.gov/ncdr/memo.asp?id=91>), we are deleting the range 730.07-730.27 from the list of covered procedures for blood glucose testing. This range was erroneously described as osteomyelitis of the tarsal bones. We are substituting the following ICD-9-CM codes in the list of covered diagnoses for blood glucose testing which more accurately reflect the intent of the committee to cover osteomyelitis of the ankle and foot: 730.07, Acute osteomyelitis of ankle and foot; 730.17, Chronic osteomyelitis of ankle and foot; and 730.27, Unspecified osteomyelitis of ankle and foot.

3. In the NCD coding manual released for the January and April software releases, we inadvertently repeated the ICD-9-CM code number 136.2 in the list of covered diagnoses for HIV testing (diagnosis). The descriptions of the codes and the software implementing the NCD edits remained accurate. Thus, we are changing the NCD coding manual only to show the correct ICD-9-CM code for pneumocystosis is 136.3.

Provider Education

Contractors must inform affected provider communities by posting relevant portions of this instruction on their Web sites within 2 weeks of receiving this instruction. In addition, this same information must be published in your next regularly scheduled bulletin. If you have a listserv that targets the affected provider communities, you must use it to notify subscribers that information about "Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 1, 2003 is available on your Web site.

The *effective date* for this PM is services furnished on or after July 1, 2003.

The *implementation date* for this PM is July 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after May 31, 2004.

If you have any questions, contact Jackie Sheridan-Moore at 410-786-4635.