

One-Time Notification

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**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD)
Edit Software for January 1, 2004**

I. GENERAL INFORMATION

A. Background:

This transmittal announces the changes that will be included in the January 2004 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 Science 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.

B. Policy:

1. In accordance with the decision memorandum published on the coverage Internet site on September 17, 2003 (see <http://cms.hhs.gov/mcd/viewdecisionmemo.asp?id=97>), we are adding the following diagnosis codes to the list of ICD-9-CM Codes Covered by Medicare for the prothrombin time (PT) and fecal occult blood test (FOBT) NCDs:
 - 863.91, pancreas head with open wound into cavity;
 - 863.92, pancreas body with open wound into cavity;
 - 863.93, pancreas tail with open wound into cavity;
 - 863.94, pancreas multiple and unspecified sites with open wound into cavity;
 - 863.95, appendix with open wound into cavity; and,
 - 863.99, other gastrointestinal sites with open wound into cavity.
2. In accordance with the decision memorandum published on the coverage Internet site on September 23, 2003 (see <http://cms.hhs.gov/mcd/viewdecisionmem.asp?id=93>), we are deleting the following diagnosis codes from the list of ICD-9-CM Codes Covered by Medicare for PT and partial thromboplastin time (PTT) NCDs:
 - V72.81, pre-operative cardiovascular examination (from PTT);
 - V72.83, other specified pre-operative examination (from PTT); and,
 - V72.84, pre-operative examination, unspecified (from PT and PTT).
3. In Program Memorandum AB-03-104 (CR 2814) we announced the addition of diagnosis code 401.1, benign essential hypertension, to the list of covered diagnoses for lipid testing. However, we neglected to announce the corresponding change to the narrative of the lipid NCD that authorizes this code. By inclusion in this transmittal, we are announcing a change to the

narrative of the lipid NCD that was included in the July 17, 2003 decision memorandum posted on the Internet at <http://cms.hhs.gov/mcd/viewdecisionmemo.asp?id=94>. The third bullet listed in the lipid NCD indications section is amended to read:

“Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease.”

4. In Program Memorandum AB-03-104, we announced a number of ICD-9-CM codes that were deleted by the update in ICD-9-CM codes that became effective October 1, 2003. We provided for a 90-day grace period for the provider and laboratory community to adapt to these changes. Thus, while we announced the changes in CR 2814, we did not alter the software to deny claims when these codes were used. However, the grace period expires with the January update of the software and the following ICD-9-CM codes will be denied: 282.4, 331.1, 348.3, 530.2, 600.0, 600.1, 600.2, 600.9, 767.1, 790.2, V04.8, V43.2, V53.9, V54.0, V65.1.

C. Provider Education:

Intermediaries and/or carriers shall inform affected providers by posting either a summary or relevant portions of this document on their Web site by November 7, 2003. Also, intermediaries and/or carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers about the changes to the laboratory edit software for January 1, 2004 that is available on your Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
1	The laboratory edit module developer contractor will modify the edit software as discussed in the policy section above. The revised software will be available to download from the CMS data center via connect:direct. CSC will notify the shared system maintainers of the data set names via email. Corresponding changes will be made to the NCD coding manual and the NCDs posted on the Internet.	CSC
2	The shared system maintainers will install the revised edit module after testing and distribute it to the carriers and intermediaries as part of their routine release.	All SSMs
3	Carriers and intermediaries will conduct provider education as directed above to advise laboratories changes to the laboratory edit module.	All carriers and FIs

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: January 1, 2004</p> <p>Implementation Date: January 1, 2004</p> <p>Pre-Implementation Contact: Jackie Sheridan-Moore at (410) 786-4635 or at jsheridan@cms.hhs.gov.</p>	<p>These instructions should be implemented within your current operating budget.</p> <p>Post-Implementation Contact: Jackie Sheridan-Moore at 410-786-4635 or at jsheridan@cms.hhs.gov.</p>
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