

<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 1847</b>	<b>Date: November 6, 2009</b>
	<b>Change Request 6717</b>

**Subject: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2010**

**I. SUMMARY OF CHANGES:** In accordance with Chapter 16, Pub. 100-04, § 120.2, 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 2010. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after January 1, 2010.

**New / Revised Material**

**Effective Date: January 1, 2010**

**Implementation Date: January 4, 2010**

*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	

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

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.

**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: 1847</b>	<b>Date: November 6, 2009</b>	<b>Change Request: CR 6717</b>
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**SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2010**

**Effective Date:** January 1, 2010

**Implementation Date:** January 4, 2010

## I. GENERAL INFORMATION

**A. Background:** This transmittal announces the changes that will be included in the January 2010 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 January 1, 2003.

**B. Policy:** In accordance with Chapter 16, Pub. 100-04, §120.2, 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 2010. Changes are being made to the NCD code lists as described below. These changes are effective for services furnished on or after January 1, 2010.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A	D	F	C	R	Shared-System Maintainers				OTHER		
							B	E	I	A		H	M
6717.1	The module developer shall revise the effective date from July 1, 2009, to October 1, 2007, for ICD-9-CM codes 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, and 202.78 that are listed for the Prothrombin Time (PT) (190.17) NCD.											Fu Associates	
6717.2	The module developer shall revise the effective date											Fu Associates	

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	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	from July 1, 2009, to October 1, 2007, for ICD-9-CM codes 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, and 202.78 that are listed for the Serum Iron Studies (190.18) NCD.										
6717.3	The module developer shall delete ICD-9-CM codes 453.50-453.52 from the list of ICD-9-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD.										Fu Associates
6717.4	The module developer shall add ICD-9-CM codes 453.50-453.52 to the list of ICD-9-CM codes that are covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.										Fu Associates
6717.5	The module developer shall revise the effective date from July 1, 2009, to October 1, 2007, for ICD-9-CM codes 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, and 202.78 that are listed for the Gamma Glutamyl Transferase (190.32) NCD.										Fu Associates
6717.6	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.										Fu Associates
6717.7	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.						X	X			
6717.8	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						

### III. PROVIDER EDUCATION TABLE

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	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6717.9	A provider education article related to this instruction will be available at 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 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.	X		X	X						

### 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:
6717.1 6717.2 6717.5	The October 1, 2007, dates are the actual effective dates of these ICD-9 codes and were inadvertently changed to July 1, 2009, with the July 1, 2009 quarterly release.

**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):** Appropriate CMS Regional offices

### VI. FUNDING

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

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.