
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 380

Date: November 26, 2004

CHANGE REQUEST 3429

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2005

I. SUMMARY OF CHANGES: In accordance with chapter 16, section 120.2, the laboratory edit module is updated quarterly. This instruction communicates requirements to shared system maintainers and contractors notifying them of changes to the laboratory edit module to update it for changes in laboratory NCD code lists for January 2005.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005

***IMPLEMENTATION DATE: January 3, 2005**

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

<input type="checkbox"/>	Business Requirements
<input type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input type="checkbox"/>	One-Time Notification
<input checked="" type="checkbox"/>	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

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SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2005

I. GENERAL INFORMATION

A. Background: This transmittal announces the changes that will be included in the January 2005 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 Sciences 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. (See Pub. 100-4, Chapter 16, §120.2.)

B. Policy:

1. In accordance with the coding analysis published on the coverage Internet site on July 26, 2004 (see <http://cms.hhs.gov/mcd/viewdecisionmemo.asp?id=127>), we are deleting ICD-9-CM code V72.84 from the list of "ICD-9-CM Codes Covered by Medicare" for the urine culture and serum iron studies NCD. Coverage for this code will terminate for services furnished on or after January 1, 2005.
2. In accordance with the coding analysis published on the coverage Internet site on July 27, 2004 (see cms.hhs.gov/mcd/viewdecisionmemo.asp?id=132), we are adding ICD-9-CM diagnosis codes V10.41, Personal history of malignant neoplasm, cervix uteri, and V10.42, Personal history of malignant neoplasm, other parts of uterus, to the list of "ICD-9-CM Codes Covered by Medicare" for the tumor antigen by immunoassay CA 125 NCD. Coverage for these codes will begin for services furnished on or after January 1, 2005.
3. In accordance with the coding analysis published on the coverage Internet site on July 28, 2004 (see cms.hhs.gov/mcd/viewdecisionmemo.asp?id=131), we are removing ICD-9-CM diagnosis code V43.60, Unspecified joint replaced by other means, from the list of "ICD-9-CM Codes Covered by Medicare" for the prothrombin time (PT) test NCD. Coverage for this code will terminate for services furnished on or after January 1, 2005.
4. In order to accommodate the new cardiovascular and diabetes screening benefits that were added to Medicare by the Medicare Modernization Act of 2003 (MMA), we are removing the following

ICD-9-CM codes from the list of ICD-9-CM Codes Not Covered by Medicare: V77.1, V81.0, V81.1, and V81.2.

5. In order to implement the new cardiovascular screening benefit that was added to Medicare by the MMA, we are subdividing the lipid NCD edit into two parts. We are adding ICD-9-CM diagnosis codes V81.0, V81.1 and V81.2 to the list of ICD-9-CM Codes Covered by Medicare for CPT codes 80061, 82465, 83718, and 84478. The covered codes list for the remaining CPT codes in the lipid NCD (83715, 83716, and 83721) remain unchanged.
6. In order to implement the new diabetes screening benefit that was added to Medicare by the MMA, we are subdividing the blood glucose NCD into two parts. We are adding ICD-9-CM diagnosis code V77.1 to the list of ICD-9-CM Codes Covered by Medicare for CPT code 82947. The covered codes for the remaining CPT codes in the blood glucose NCD (82948 and 82962) remain unchanged.
7. Effective October 1, 2003, all claims for clinical diagnostic laboratory services submitted to Medicare require ICD-9-CM diagnosis codes to be included on the claim. In issuing this policy directive (CR 2725) we neglected to amend the language in the coding guidelines contained in the laboratory NCDs. We are modifying coding guideline #1 to read as follows: “Any claim for a clinical diagnostic laboratory service must be submitted with an ICD-9-CM diagnosis code. Codes that describe symptoms and signs, as opposed to diagnosis, should be provided for reporting purposes when a diagnosis has not been established by the physician.”

C. Provider Education: A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/medlearn/matters> shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
3429.1	The laboratory edit module developer contractor shall modify the edit software as discussed in the policy section above.	CSC
3429.2	The module developer shall make the revised software available to down load from the CMS data center via connect:direct. CSC shall notify the shared system maintainers of the data set names via email.	CSC
3429.3	CMS shall make corresponding changes to the NCD coding manual and the NCDs posted on the Internet.	CMS
3429.4	The shared system maintainers shall install the revised	All SSMs

	edit module after testing and distribute it to the carriers and intermediaries as part of their routine release.	
3429.5	Carriers and intermediaries shall conduct provider education as directed above to advise laboratories of all 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, 2005</p> <p>Implementation Date: January 3, 2005</p> <p>Pre-Implementation Contact: Jackie Sheridan-Moore at (410) 786-4635 or at jsheridan@cms.hhs.gov.</p>	<p>These instructions shall 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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