

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10854	Date: June 15, 2021
	Change Request 12171

Transmittal 10658, dated March 23, 2021, is being rescinded and replaced by Transmittal 10854, dated, June 15, 2021 to change the ICD-10 effective dates in business requirements 12171.1, 12171.2, 12171.3, 12171.4.1, 12171.5, 12171.6, 12171.7.1, 12171.8, 12171.9, 12171.10, 12171.11 and 12171.12.1. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2021

I. SUMMARY OF CHANGES: This Change Request (CR) announces the changes that will be included in the July 2021 quarterly release of the edit module for clinical diagnostic laboratory services. This Recurring Update Notification applies to Chapter 16, Section 120.2, Publication 100-04.

EFFECTIVE DATE: July 1, 2021 - Unless noted differently in requirements.

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

IMPLEMENTATION DATE: July 6, 2021

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			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
	the Fecal Occult Blood Test (190.34) NCD.										
12171.13	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
12171.14	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.					X	X				
12171.15	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 retroactively pay claims.	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C M I	D I	I
		A	B	H H H				
12171.16	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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): Patricia Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov , Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov , Kimberly Long, 410-786-5702 or kimberly.long@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0