

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4092	Date: July 20, 2018
	Change Request 10873

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2018

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce the changes that will be included in the October 2018 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: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

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

Attachment - Recurring Update Notification

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SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2018

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IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: This transmittal announces the changes that will be included in the October 2018 quarterly release of the edit module for clinical diagnostic laboratory services. The National Coverage Determinations (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 Medicare shared systems so that laboratory claims subject to one of the 23 NCDs (Publication 100-03, Sections 190.12 - 190.34) were processed uniformly throughout the nation, effective April 1, 2003.

B. Policy: In accordance with Chapter 16, §120.2, Publication 100-04, 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 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-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 October 2018. Please access the link below for the NCD spreadsheets included with this change request:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/October2018.zip>

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10873.1	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs.									FU Associates
10873.2	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.					X	X			

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	NCD.								
10873.27.1	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2018 to the list of ICD-10-CM codes that are denied by Medicare for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD.								FU Associates
10873.28	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2018 from the list of ICD-10-CM codes that are denied by Medicare for the Fecal Occult Blood Test (190.34) NCD.								FU Associates
10873.28.1	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2018 to the list of ICD-10-CM codes that are denied by Medicare for the Fecal Occult Blood Test (190.34) NCD.								FU Associates

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC		H H H	D M E M A C	C E D I
		A	B			
10873.29	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov , Patricia Brocato-Simons, 410-786-0261 or patricia.brocatosimons@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):

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ATTACHMENTS: 0