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

Pub. 100-04 | Transmittal: 4092 | Date: July 20, 2018 | Change Request: 10873

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

EFFECTIVE DATE: October 1, 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.

Requirement	K	espo	nsil						
		A/B		D	Shared-				Other
	N	/AA	()	M		Sys	tem		
				Е	M	aint	aine	ers	
	A	В	Н		F	M	V	C	
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			Н	A	S	S	S	F	
				C	S				
The module developer shall provide the revised									FU Associates
be distributed to the SSMs.									
The SSMs shall install the edit module after testing and distribute it to the contractors as part of their routine release.					X	X			
	software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. A/B H M I C M H A S S S S C S The SSMs shall install the edit module after testing and distribute it to the contractors as part of their	The module developer shall provide the revised software as a mainframe (i.e., load module) to CMS to be distributed to the SSMs. A/B H M System Maintainers A/B H M I C M W H A/B S S S S F C S X X X X X X X X X X X X X

Number	Requirement	Responsibility									
	•		A/B		D		Sha	red-		Other	
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		A	В	Н		F	M		C		
				Н	M	I	C	M			
				Н	A C	S S	S	S	F		
10873.3	Contractors shall adjust claims brought to their	X	X			S					
10073.3	attention. Contractors do not need to search their files	71	71								
	either to retract payment for claims already paid or										
	retroactively pay claims.										
10873.4	The module developer shall delete ICD-10 CM code									FU Associates	
	provided in the link effective 9/30/2018 from the list of ICD-10-CM codes that are covered by Medicare for										
	the Urine Culture, Bacterial (190.12) NCD.										
	the office culture, Bucterial (190.12) 1(eB.										
10873.4.1	The module developer shall add ICD-10 CM codes									FU Associates	
	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are covered by Medicare for										
	the Urine Culture, Bacterial (190.12) NCD.										
10873.4.2	The module developer shall delete ICD-10 CM codes									FU Associates	
100/01112	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are denied by Medicare for										
	the Urine Culture, Bacterial (190.12) NCD.										
10873.4.3	The module developer shall add ICD 10 CM ander									FU Associates	
106/3.4.3	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2018 to the list of									FU Associates	
	ICD-10-CM codes that are denied by Medicare for the										
	Urine Culture, Bacterial (190.12) NCD.										
10873.5	The module developer shall delete ICD-10 CM codes									FU Associates	
	provided in the link effective 9/30/2018 from the list of ICD-10-CM codes that are denied by Medicare for										
	the Human Immunodeficiency Virus (HIV)Testing										
	(Prognosis Including Monitoring) (190.13) NCD.										
10873.5.1	The module developer shall add ICD-10 CM codes									FU Associates	
	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are denied by Medicare for the Human Immunodeficiency Virus (HIV)Testing										
	(Prognosis Including Monitoring) (190.13) NCD.										
	(110ghosis metading Montoring) (170.13) (10gh										
10873.6	The module developer shall delete ICD-10 CM codes									FU Associates	
	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are denied by Medicare for										
	the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD.										
	(Diagnosis) (170.14) NCD.										
10873.6.1	The module developer shall add ICD-10 CM codes									FU Associates	
	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are denied by Medicare for the										
	Human Immunodeficiency Virus (HIV) Testing										

Number	Requirement	Re	espo	nsi						
			A/B MA(}	D M E	1	Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S		С	
	(Diagnosis) (190.14) NCD.									
10873.7	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 "Do Not Support Medical Necessity" for the Blood Counts (190.15) NCD.									FU Associates
10873.7.1	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 "Do Not Support Medical Necessity" for the Blood Counts (190.15) NCD.									FU Associates
10873.7.2	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 Blood Counts (190.15) NCD.									FU Associates
10873.7.3	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 Blood Counts (190.15) NCD.									FU Associates
10873.8	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 covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD.									FU Associates
10873.8.1	The module developer shall add ICD-10 CM codes effective 10/1/2018 to the list of ICD-10-CM codes that are covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD.									FU Associates
10873.8.2	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 Partial Thromboplastin Time (PTT) (190.16) NCD.									FU Associates
10873.8.3	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 Partial Thromboplastin Time (PTT) (190.16) NCD.									FU Associates
10873.9	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 covered by Medicare for									FU Associates

Number	Requirement	Responsibility																
			A/B MA(}	D M			red- tem		Other								
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		A	В	H H	M	F I	M C	V M	C W									
				Н	A	S	S	S	F									
	the Prothrombin Time (PT) (190.17) NCD.				С	S												
	the From onlone Time (FF) (150.17) (Veb.																	
10873.9.1	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 covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.									FU Associates								
10873.9.2	The module developer shall delete ICD-10 CM codes									FU Associates								
	provided in the link effective 9/30/2018 from the list of ICD-10-CM codes that are denied by Medicare for																	
	the Prothrombin Time (PT) (190.17) NCD.																	
10873.9.3	The module developer shall add ICD-10 CM codes									FU Associates								
	provided in the link effective 10/1/2018 to the list of																	
	ICD-10-CM codes that are denied by Medicare for the Prothrombin Time (PT) (190.17) NCD.																	
10873.10	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2018 from the list									FU Associates								
	of ICD-10-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD.																	
10873.10.	The module developer shall add ICD-10 CM codes									FU Associates								
1	provided in the link effective 10/1/2018 to the list of ICD-10-CM codes that are covered by Medicare for																	
	the Serum Iron Studies (190.18) NCD.																	
10873.10.	The module developer shall delete ICD-10 CM codes									FU Associates								
2	provided in the link effective 9/30/2018 from the list of ICD-10-CM codes that are denied by Medicare for																	
	the Serum Iron Studies (190.18) NCD.																	
10873.10.	The module developer shall add ICD-10 CM codes									FU Associates								
3	provided in the link effective 10/1/2018 to the list of ICD-10-CM codes that are denied by Medicare for the																	
	Serum Iron Studies (190.18) NCD.																	
10873.11	The module developer shall delete ICD-10 CM codes									FU Associates								
	provided in the link effective 9/30/2018 from the list																	
	of ICD-10-CM codes that are denied by Medicare for the Collagen Crosslinks, Any Method (190.19) NCD.																	
10873.11.	The module developer shall add ICD-10 CM codes									FU Associates								
1	provided in the link effective 10/1/2018 to the list of																	
	ICD-10-CM codes that are denied by Medicare for the Collagen Crosslinks, Any Method (190.19) NCD.																	
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Number	Requirement	Responsibility												
			A/B		D		Sha	red-		Other				
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10873.12	The module devialement shall delete ICD 10 CM and as				С	S				FU Associates				
100/3.12	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2018 from the list									FU Associates				
	of ICD-10-CM codes that are covered by Medicare for													
	the Blood Glucose Testing (190.20A) NCD.													
10873.12.	The module developer shall add ICD-10 CM codes									FU Associates				
1	provided in the link effective 10/1/2018 to the list of													
	ICD-10-CM codes that are covered by Medicare for													
	the Blood Glucose Testing (190.20A) NCD.													
10873.12.	The module developer shall delete ICD-10 CM codes									FU Associates				
2	provided in the link effective 9/30/2018 from the list													
	of ICD-10-CM codes that are denied by Medicare for													
	the Blood Glucose Testing (190.20A) NCD.													
10873.12.	The module developer shall add ICD-10 CM codes									FU Associates				
3	provided in the link effective 10/1/2018 to the list of									1 O Associates				
	ICD-10-CM codes that are denied by Medicare for the													
	Blood Glucose Testing (190.20A) NCD.													
10873.13	The module developer shall delete ICD-10 CM codes									FU Associates				
	provided in the link effective 9/30/2018 from the list													
	of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20B) NCD.													
	the Blood Glucose Testing (190.20B) NCD.													
10873.13.	The module developer shall add ICD-10 CM codes									FU Associates				
1	provided in the link effective 10/1/2018 to the list of													
	ICD-10-CM codes that are covered by Medicare for													
	the Blood Glucose Testing (190.20B) NCD.													
10873.13.	The module developer shall delete ICD-10 CM codes									FU Associates				
2	provided in the link effective 9/30/2018 from the list													
	of ICD-10-CM codes that are denied by Medicare for													
	the Blood Glucose Testing (190.20B) NCD.													
10072 12	The module developer shall add ICD 10 CM as de-									EII Associates				
10873.13.	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2018 to the list of									FU Associates				
3	ICD-10-CM codes that are denied by Medicare for the													
	Blood Glucose Testing (190.20B) NCD.													
10873.14	The module developer shall delete ICD-10 CM codes									FU Associates				
	provided in the link effective 9/30/2018 from the list													
	of ICD-10-CM codes that are denied by Medicare for													
	the Glycated Hemoglobin/Glycated Protein (190.21) NCD.													
	NCD.													
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Number	Requirement	Responsibility										
		,	A/B //A(D M		Sys	red- tem		Other		
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10873.14.	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 Glycated Hemoglobin/Glycated Protein (190.21) NCD.					מ				FU Associates		
10873.15	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 covered by Medicare for the Thyroid Testing (190.22) NCD.									FU Associates		
10873.15. 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 covered by Medicare for the Thyroid Testing (190.22) NCD.									FU Associates		
10873.15. 2	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 Thyroid Testing (190.22) NCD.									FU Associates		
10873.15. 3	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 Thyroid Testing (190.22) NCD.									FU Associates		
10873.16	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 covered by Medicare for the Lipids Testing (190.23A) NCD.									FU Associates		
10873.16. 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 covered by Medicare for the Lipids Testing (190.23A) NCD.									FU Associates		
10873.16. 2	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 Lipids Testing (190.23A) NCD.									FU Associates		
10873.16. 3	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 Lipids Testing (190.23A) NCD.									FU Associates		

Number	Requirement	Responsibility									
			A/B		D	•	Sha	red-		Other	
		N	/AA	C	M		Sys	tem			
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		A	В	Н	N	F	M		C		
				H H	M A	I S	C S	M S	W F		
				П	C	S	3	3	Г		
10873.17	The module developer shall delete ICD-10 CM codes					D				FU Associates	
	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are covered by Medicare for										
	the Lipids Testing (190.23B) NCD.										
10873.17.	The module developer shall add ICD-10 CM codes									FU Associates	
1	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are covered by Medicare for										
	the Lipids Testing (190.23B) NCD.										
10873.17.	The module developer shall delete ICD-10 CM codes									FU Associates	
2	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are denied by Medicare for										
	the Lipids Testing (190.23B) NCD.										
10873.17.	The module developer shall add ICD-10 CM codes									FU Associates	
3	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are denied by Medicare for the										
	Lipids Testing (190.23B) NCD.										
10873.18	The module developer shall delete ICD-10 CM codes									FU Associates	
	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are denied by Medicare for the Digoxin Therapeutic Drug Assay (190.24) NCD.										
	the Digoxin Therapeutic Diug Assay (190.24) NCD.										
10873.18.	The module developer shall add ICD-10 CM codes									FU Associates	
1	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are denied by Medicare for the										
	Digoxin Therapeutic Drug Assay (190.24) NCD.										
10873.19	The module developer shall delete ICD-10 CM code									FU Associates	
	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are covered by Medicare for										
	the Alpha-fetoprotein (190.25) NCD.										
10873.19.	The module developer shall add ICD-10 CM codes									FU Associates	
1	provided in the link effective 10/1/2018 to the list of										
	ICD-10-CM codes that are covered by Medicare for										
	the Alpha-fetoprotein (190.25) NCD.										
10873.19.	The module developer shall delete ICD-10 CM codes									FU Associates	
2	provided in the link effective 9/30/2018 from the list										
	of ICD-10-CM codes that are denied by Medicare for										
	the Alpha-fetoprotein (190.25) NCD.										
10873.19.	The module developer shall add ICD-10 CM codes									FU Associates	
3	provided in the link effective 10/1/2018 to the list of										

Number	Requirement	Responsibility																
			A/B		D	•	Sha	red-		Other								
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	ICD-10-CM codes that are denied by Medicare for the Alpha-fetoprotein (190.25) NCD.					2												
10873.20	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 Carcinoembryonic Antigen (190.26) NCD.									FU Associates								
10873.20.	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 Carcinoembryonic Antigen (190.26) NCD.									FU Associates								
10873.21	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 Human Chorionic Gonadotropin (190.27) NCD.									FU Associates								
10873.21. 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 Human Chorionic Gonadotropin (190.27) NCD.									FU Associates								
10873.22	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 Tumor Antigen by Immunoassay CA 125 (190.28) NCD.									FU Associates								
10873.22.	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 Tumor Antigen by Immunoassay CA 125 (190.28) NCD.									FU Associates								
10873.23	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 Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29) NCD.									FU Associates								
10873.23.	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 Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29) NCD.									FU Associates								

Number	Requirement	Responsibility										
			A/B MA(D M E		Sys	red- tem aine		Other		
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F			
10873.24	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 Tumor Antigen by Immunoassay CA 19-9 (190.30) NCD.									FU Associates		
10873.24.	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 Tumor Antigen by Immunoassay CA 19-9 (190.30) NCD.									FU Associates		
10873.25	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 Prostate Specific Antigen (190.31) NCD.									FU Associates		
10873.25.	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 Prostate Specific Antigen (190.31) NCD.									FU Associates		
10873.26	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 covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.									FU Associates		
10873.26. 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 covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.									FU Associates		
10873.26. 2	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 Gamma Glutamyl Transferase (190.32) NCD.									FU Associates		
10873.26. 3	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 Gamma Glutamyl Transferase (190.32) NCD.									FU Associates		
10873.27	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 Hepatitis Panel/Acute Hepatitis Panel (190.33)									FU Associates		

Number	Requirement	Re	espo	nsi	bilit	ty	y								
			A/B MA(D M E	1 System				Other					
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F						
	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 D MAC M E		E E	
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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	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

 $\label{lem:pre-Implementation Contact} \textbf{Pre-Implementation Contact}(\textbf{s}) \textbf{:} \ Wanda \ Belle, 410-786-7491 \ or \ wanda. belle@cms.hhs.gov \ , Patricia \ Brocato-Simons, 410-786-0261 \ or \ patricia. brocatosimons@cms.hhs.gov \ , Kimberly Long, 410-786-5702 \ or \ kimberly.long@cms.hhs.gov \ \\$

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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