
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 225

Date: JULY 9, 2004

CHANGE REQUEST 3358

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 October 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2004

***IMPLEMENTATION DATE: October 4, 2004**

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:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Attachment - Recurring Update Notification

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SUBJECT: Changes to the Laboratory National Coverage Determination (NCD)Edit Software for October 2004

I. GENERAL INFORMATION

A. Background: This transmittal announces the changes that will be included in the October 2004 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 April 1, 2004 (see <http://cms.hhs.gov/mcd/viewdecisionmemo.asp?id=100>), we are deleting the following diagnosis codes from the list of "ICD-9-CM Codes Covered by Medicare" for the urine culture NCD:
 - 584.5 Acute renal failure with lesion of tubular necrosis,
 - 584.9 Acute renal failure, unspecified, and
 - 586 Unspecified renal failure.

Coverage for these codes will terminate for services furnished on or after October 1, 2004.

2. In accordance with the coding analysis published on the coverage Internet site in June 21, 2004 (see cms.hhs.gov/mcd/viewdecisionmemo.asp?id=103), we are adding diagnosis code 729.81, Swelling of limb, to the list of "ICD-9-CM Codes Covered by Medicare" for the prothrombin time (PT) and partial thromboplastin time (PTT) NCDs. Coverage for these codes will begin for services furnished on or after October 1, 2004.
3. In accordance with the coding analysis published on the coverage Internet site on June 21, 2004 (see cms.hhs.gov/mcd/viewdecisionmemo.asp?id=107), we are adding diagnosis code 600.01, Benign prostate hypertrophy with urinary obstruction, to the list of "ICD-9-CM Codes Covered by Medicare" for the

prostate specific antigen (PSA) test NCD. Coverage for this code will begin for services furnished on or after October 1, 2004.

4. In order to accommodate the new ICD-9-CM coding changes that become effective on October 1, 2004, we are making the following changes to the edit module. These changes become effective for services furnished on or after October 1, 2004
 - We are adding new ICD-9-CM code 788.38 to the list of ICD-9-CM codes covered by Medicare for urine culture NCD.
 - We are adding new ICD-9-CM codes 070.70, 070.71, 588.81, 588.89, V01.71, and V01.79 to the list of ICD-9-CM codes covered by Medicare for HIV testing (diagnosis). We are terminating coverage of ICD-9-CM codes V01.7 and 588.8 with services furnished on or after October 1, 2004.
 - We are adding the following new ICD-9-CM codes to the list of ICD-9-CM codes that do not support medical necessity for the blood counts NCD: 521.06, 521.07, 521.08, 521.10-521.15, 521.20-521.25, 521.30-521.35, 521.40-521.42, 521.49, 524.07, 524.20-524.37, 524.39, 524.50-524.57, 524.59, 524.64, 524.75, 524.76, 524.81, 524.82, 524.89, 525.20-525.26, 618.00-618.05, 618.09, 618.81-618.83, 618.89, 692.84, V72.40, and V72.41. We are removing the following ICD-9-CM codes that are no longer valid from that list: 521.1, 521.2, 521.3, 521.4, 524.2, 524.3, 524.5, 524.8, 525.2, 618.0, 618.8, and V72.4.
 - We are adding the following new ICD-9-CM code to the list of ICD-9-CM codes covered by Medicare for the partial thromboplastin time NCD: 070.70, 070.71, 453.40-453.42.
 - We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the prothrombin time NCD: 070.70, 070.71, 453.40-453.42, 530.86, and 530.87.
 - We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the serum iron studies NCD: 070.70 and 070.71.
 - We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the collagen crosslinks NCD: 252.00-252.02, and 252.08. We are removing ICD-9-CM code 252.0, which is no longer a valid code, from that list.
 - We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the blood glucose testing NCD: 491.22, 707.00-707.07,

707.09, and V58.67. We are removing ICD-9-CM code 707.0, which is no longer a valid code, from that list.

- We are adding new ICD-9-CM code V58.67 to the list of covered diagnoses for glycosylated hemoglobin.
- We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the lipid testing NCD: 588.81, and 588.89. We are removing ICD-9-CM code 588.8, which is no longer a valid code, from that list.
- We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the digoxin therapeutic drug assay NCD: 588.81, and 588.89. We are removing ICD-9-CM code 588.8, which is no longer a valid code, from that list.
- We are adding new ICD-9-CM code 273.4 to the list of covered diagnoses for alpha-fetoprotein.
- We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the gamma glutamyl transferase NCD: 070.70, 070.71, 252.00-252.02, 252.08, 273.4, 453.40-453.42, 588.81, and 588.89. We are removing ICD-9-CM code 252.0 and 588.8, which are no longer valid codes, from that list.
- We are adding the following new ICD-9-CM codes to the list of covered diagnoses for the hepatitis panel NCD: 070.70 and 070.71.
- We are adding new ICD-9-CM code V58.66 to the list of covered diagnoses for the fecal occult blood test.

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
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3358.1	The laboratory edit module developer contractor shall modify the edit software as discussed in the policy section above.	CSC
3358.2	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
3358.3	CMS shall make corresponding changes to the NCD coding manual and the NCDs posted on the Internet.	CMS
3358.4	The shared system maintainers shall install the revised edit module after testing and distribute it to the carriers and intermediaries as part of their routine release.	All SSMs
3358.5	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

Effective Date: October 1, 2004

Implementation Date: October 4, 2004

Pre-Implementation Contact: Jackie Sheridan-Moore at (410) 786-4635 or at jsheridan@cms.hhs.gov.

These instructions shall be implemented within your current operating budget.

Post-Implementation Contact: Jackie Sheridan-Moore at 410-786-4635 or at jsheridan@cms.hhs.gov.