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# CMS Manual System

## Pub. 100- 04 Medicare Claims Processing

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

Transmittal 192

Date: MAY 28, 2004

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**CHANGE REQUEST 3282**

**SUMMARY OF CHANGES:** This instruction notifies carriers of one HCPCS correction for code 88361. HCPCS code 88361 currently has a laboratory certification (LC) code of 220 (general immunology). This HCPCS code needs the additional LC code of 610 (histopathology) added to the LC edits.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004**

**\*IMPLEMENTATION DATE: July 6, 2004**

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

**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

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

**\*III. FUNDING:**

These instructions shall be implemented within your current operating budget.

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
<b>X</b>	<b>Recurring Update Notification</b>

**\*Medicare contractors only**

# Attachment – Recurring Update Notification

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**SUBJECT: Healthcare Common Procedure Coding System (HCPCS) Correction**

**I. GENERAL INFORMATION**

**A. Background:** This instruction notifies carriers of one HCPCS correction for code 88361. HCPCS code 88361 currently has a laboratory certification (LC) code of 220 (general immunology). This HCPCS code needs the additional LC code of 610 (histopathology) added to the LC edits.

**B. Policy:** The HCPCS file is sent annually to Medicare contractors each October. Any corrections required after the release of the file must be done via an instruction to the contractors.

**C. Provider Education:** None.

**II. BUSINESS REQUIREMENTS**

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement #	Requirements	Responsibility
3282.1	CWF needs to add the lab certification code of 610 to HCPCS code 88361	CWF

**III. SUPPORTING INFORMATION AND 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><b>Effective Date:</b> January 1, 2004</p> <p><b>Implementation Date:</b> July 6, 2004</p> <p><b>Pre-Implementation Contact(s):</b> Kathy Todd (410) 786-3385</p> <p><b>Post-Implementation Contact(s):</b> Appropriate Regional Office</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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