



PQRI Information Available

A new CMS web page dedicated to providing information on the Physician Quality Reporting Initiative (PQRI) is now available.

On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006 (TRHCA). Section 101 under Title I authorizes the establishment of a physician quality reporting system by CMS. CMS has titled the statutory program the Physician Quality Reporting Initiative. For more information, visit <http://www.cms.hhs.gov/pqri> on the CMS website.

MLN Matters Number: MM5514

Related Change Request (CR) #: 5514

Related CR Release Date: March 9, 2007

Effective Date: April 1, 2007

Related CR Transmittal #: R1200CP

Implementation Date: April 2, 2007

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2007

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for clinical diagnostic laboratory services provided for Medicare beneficiaries.

Provider Action Needed

This article and related Change Request (CR) 5514 announces the changes that will be included in the April, 2007 release of the edit module for clinical diagnostic laboratory National Coverage Determinations (NCDs). You may want to assure your billing staff is aware of these changes.

Background

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. Subsequently, the Centers for Medicare & Medicaid Services (CMS) contracted for nationally uniform software to be developed and incorporated into its claims processing systems so that laboratory claims subject to one of the 23 NCDs can be processed uniformly throughout the nation effective April 1, 2003. The laboratory edit module for the NCDs is updated quarterly (as

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necessary) to reflect coding updates and substantive changes to the NCDs developed through the NCD process. (See the *Medicare Claims Processing Manual* (Publication 100-04), Chapter 16, Section 120.2., available at <http://www.cms.hhs.gov/manuals/downloads/clm104c16.pdf> on the CMS website.)

These updating 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 ICD-9-CM codes. In addition, many of the listed changes may correct Current Procedural Terminology (CPT) codes to reflect the current CPT update.

CR5514 informs your Medicare carrier, FI, or A/B MAC about changes to the laboratory edit module and changes in laboratory NCD code lists effective for services furnished on or after April 1, 2007.

Key Point of CR5514

Effective for dates of service on or after April 1, 2007:

- The **new HCPCS code G0394** for Blood occult test (e.g., guaiac), feces, for single determination for colorectal neoplasm (i.e., patient was provided three cards or single triple card for consecutive collection) is added to the list of HCPCS codes for the Fecal Occult Blood Test NCD (190.34).

Additional Information

If you have questions, please contact your Medicare carrier, FI, or A/B MAC, at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

To see the official instruction (CR5514) issued to your Medicare carrier, FI, or A/B MAC, go to <http://www.cms.hhs.gov/Transmittals/downloads/R1200CP.pdf> on the CMS website.

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