



News Flash – A Special Edition MLN Matters provider education article is now available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0837.pdf> on the CMS website. This Special Edition article assists all providers who will be affected by Medicare Administrative Contractor (MAC) implementations. It provides information to make you aware of what to expect as your FI or carrier transitions its work to a MAC. This article alerts providers as to what to expect and how to prepare for the MAC implementations and will help to minimize any disruption in your Medicare business.

MLN Matters Number: MM6383

Related Change Request (CR) #: 6383

Related CR Release Date: February 13, 2009

Effective Date: April 1, 2009

Related CR Transmittal #: R1684CP

Implementation Date: April 6, 2009

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2009

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 is based on Change Request (CR) 6383 which announces the changes that will be included in the April 2009 release of Medicare's edit module for clinical diagnostic laboratory National Coverage Determinations (NCDs). The last quarterly release of the edit module was issued in January 2009. See the Background Section of this article for further details regarding these changes.

Background

The National Coverage Determinations (NCDs) for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published in a final rule on November 23, 2001. Nationally uniform software was developed and incorporated in Medicare's systems so that laboratory claims

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subject to one of the 23 NCDs were processed uniformly throughout the nation effective January 1, 2003.

In accordance with the *Medicare Claims Processing Manual*, Chapter 16, Section 120.2 (see <http://www.cms.hhs.gov/manuals/downloads/clm104c16.pdf> on the Centers for Medicare & Medicaid Services (CMS) website), 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.

CR 6383 announces changes to the laboratory edit module, for changes in laboratory NCD code lists for April 2009 as described below. These changes become effective for services furnished on or after April 1, 2009 and are as follows:

For Blood Counts:

- Add ICD-9-CM codes 525.71, 525.72 and 525.73 to the list of ICD-9-CM codes that do not support medical necessity for Blood Counts (190.15) NCD.

For Partial Thromboplastin Time (PTT):

- Add ICD-9-CM codes 535.70 and 535.71 to the list of ICD-9-CM codes covered by Medicare for the Partial Thromboplastin Time (PTT) (190.16) NCD.

For Prothrombin Time (PT):

- Add ICD-9-CM codes 414.3, 535.70, and 535.71 to the list of ICD-9-CM codes covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.

For Serum Iron Studies:

- Add ICD-9-CM codes 203.02, 203.12, 203.82, 204.02, 204.12, 204.22, 204.82, 204.92, 205.02, 205.12, 205.22, 205.32, 205.82, 205.92, 206.02, 206.12, 206.22, 206.82, 206.92, 207.02, 207.12, 207.22, 207.82, 208.02, 208.12, 208.22, 208.82, 208.92, 535.70, and 535.71 to the list of ICD-9-CM codes covered by Medicare for the Serum Iron Studies (190.18) NCD.

For Blood Glucose Testing:

- Add ICD-9-CM code 414.3 to the list of ICD-9-CM codes covered by Medicare for the Blood Glucose Testing (190.20) NCD.

For Lipid Testing:

- Add ICD-9-CM code 414.3 to the list of ICD-9-CM codes covered by Medicare for the Lipids Testing (190.23) NCD.

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For Gamma Glutamyl Transferase:

- Add ICD-9-CM codes 203.02, 203.12, 203.82, 204.02, 204.12, 204.22, 204.82, 204.92, 205.02, 205.12, 205.22, 205.32, 205.82, 205.92, 206.02, 206.12, 206.22, 206.82, 206.92, 207.02, 207.12, 207.22, 207.82, 208.02, 208.12, 208.22, 208.82, and 208.92 to the list of ICD-9-CM codes covered by Medicare for the Gamma Glutamyl Transferase (190.32) NCD.

For Fecal Occult Blood Test (FOBT):

- Add ICD-9-CM codes 204.02, 204.12, 204.22, 204.82, 204.92, 205.02, 205.12, 205.22, 205.32, 205.82, 205.92, 206.02, 206.12, 206.22, 206.82, 206.92, 207.02, 207.12, 207.22, 207.82, 208.02, 208.12, 208.22, 208.82, 208.92, 535.70 and 535.71 to the list of ICD-9-CM codes covered by Medicare for the Fecal Occult Blood Test (FOBT) (190.34) NCD.

Additional Information

If you have questions, please contact your Medicare MAC, carrier, or FI at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction (CR6383) issued to your Medicare MAC, carrier, or FI may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1684CP.pdf> on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Shot! In the United States, the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu.** Remember - Influenza and pneumococcal vaccinations plus their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. Health care professionals and their staff can learn more about Medicare's Part B coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0838.pdf> on the CMS website.

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