CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10305	Date: August 14, 2020
	Change Request 11889

Transmittal 10215, dated July 10, 2020, is being rescinded and replaced by Transmittal 10305, dated, August 14, 2020 to update the codes in the spreadsheet for NCD 190.15. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2020

I. SUMMARY OF CHANGES: This Change Request (CR) announces the changes that will be included in the October 2020 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, 2020

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: October 5, 2020

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: 10305	Date: August 14, 2020	Change Request: 11889
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Transmittal 10215, dated July 10, 2020, is being rescinded and replaced by Transmittal 10305, dated, August 14, 2020 to update the codes in the spreadsheet for NCD 190.15. All other information remains the same.

SUBJECT: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2020

EFFECTIVE DATE: October 1, 2020

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: October 5, 2020

I. GENERAL INFORMATION

- **A. Background:** This transmittal announces the changes that will be included in the October 2020 quarterly release of the edit module for clinical diagnostic laboratory services. The laboratory negotiated rulemaking committee developed the National Coverage Determinations (NCDs) for clinical diagnostic laboratory services, 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 2020. Please access the link below for the NCD spreadsheet included with this change request:

https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/October2020.zip

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Re	Responsibility									
			A/B	}	D		Sha	red-		Other		
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		J]		E		Maintainers			ers	
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				Н	A	S	S	S	F			
					C	S						
11889.1	The module developer shall provide the revised									Fu Associates		
	software as a mainframe (i.e., load module) to CMS to											
	be distributed to the SSMs.											
11889.2	The SSMs shall install the edit module after testing					X	X					
	and distribute it to the contractors as part of their											

Number	Requirement	Re	espo	nsi	bilit	v																																					
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				Н	C	S S	S	S	F																																		
	routine release.					ט																																					
11889.3	Contractors shall adjust claims brought to their	X	X																																								
	attention. Contractors do not need to search their files																																										
	to either retract payment for claims already paid or retroactively pay claims.																																										
	retroactively pay claims.																																										
11889.4	The module developer shall add ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 10/1/2020 to the list of																																										
	ICD-10-CM codes that are covered by Medicare for																																										
	the Urine Culture, Bacterial (190.12) NCD.																																										
11889.5	The module developer shall add ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 10/1/2020 to the list of																																										
	ICD-10-CM codes that are covered by Medicare for																																										
	the Human Immunodeficiency Virus (HIV)Testing																																										
	(Prognosis Including Monitoring) (190.13) NCD.																																										
11889.6	The module developer shall add ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 10/1/2020 to the list of																																										
	ICD-10-CM codes that are covered by Medicare for																																										
	the HIV Testing (Diagnosis) (190.14) NCD.																																										
11889.6.1	The module developer shall delete ICD-10 CM code									Fu Associates																																	
	provided in the link effective 9/30/2020 from the list																																										
	of ICD-10-CM codes that are covered by Medicare for																																										
	the HIV Testing (Diagnosis) (190.14) NCD.																																										
11889.7	The module developer shall add ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 10/1/2020 to the list of																																										
	ICD-10-CM codes that are not medically necessary for																																										
	the Blood Counts (190.15) NCD.																																										
11889.7.1	The module developer shall delete ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 9/30/2020 from the list																																										
	of ICD-10-CM codes that are not medically necessary																																										
	for the Blood Counts (190.15) NCD.																																										
11889.8	The module developer shall add ICD-10 CM codes									Fu Associates																																	
, , , ,	provided in the link effective 10/1/2020 to the list of									2232200																																	
	ICD-10-CM codes that are covered by Medicare for																																										
	the Partial Thromboplastin Time (PTT) (190.16)																																										
	NCD.																																										
11889.8.1	The module developer shall delete ICD-10 CM codes									Fu Associates																																	
	provided in the link effective 9/30/2020 from the list																																										
	of ICD-10-CM codes that are covered by Medicare for																																										

Number	Requirement	Re	espo	nsil	bilit	V				
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	the PTT (190.16) NCD.					2				
11889.9	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2020 to the list of ICD-10-CM codes that are covered by Medicare for the Prothrombin Time (PT) (190.17) NCD.									Fu Associates
11889.9.1	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2020 from the list of ICD-10-CM codes that are covered by Medicare for the PT (190.17) NCD.									Fu Associates
11889.10	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2020 to the list of ICD-10-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD.									Fu Associates
11889.10. 1	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2020 from the list of ICD-10-CM codes that are covered by Medicare for the Serum Iron Studies (190.18) NCD.									Fu Associates
11889.11	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2020 to the list of ICD-10-CM codes that are covered by Medicare for the Collagen Crosslinks, Any Method (190.19) NCD.									Fu Associates
11889.12	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2020 to the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20A) NCD.									Fu Associates
11889.12. 1	The module developer shall delete ICD-10 CM code provided in the link effective 9/30/2020 from the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20A) NCD.									Fu Associates
11889.13	The module developer shall add ICD-10 CM codes provided in the link effective 10/1/2020 to the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20B) NCD.									Fu Associates
11889.13. 1	The module developer shall delete ICD-10 CM code provided in the link effective 9/30/2020 from the list of ICD-10-CM codes that are covered by Medicare for the Blood Glucose Testing (190.20B) NCD.									Fu Associates

Number	Requirement	Re	espo	nsil	bilit	v																																		
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11889.14	The module developer shall add ICD-10 CM codes					D				Fu Associates																														
	provided in the link effective 10/1/2020 to the list of																																							
	ICD-10-CM codes that are covered by Medicare for																																							
	the Glycated Hemoglobin/Glycated Protein (190.21) NCD.																																							
	NCD.																																							
11889.14.	The module developer shall delete ICD-10 CM code									Fu Associates																														
1	provided in the link effective 9/30/2020 from the list																																							
	of ICD-10-CM codes that are covered by Medicare for																																							
	the Glycated Hemoglobin/Glycated Protein (190.21) NCD.																																							
	NCD.																																							
11889.15	The module developer shall add ICD-10 CM codes									Fu Associates																														
	provided in the link effective 10/1/2020 to the list of																																							
	ICD-10-CM codes that are covered by Medicare for the Thyroid Testing (190.22) NCD.																																							
	the Thyroid Testing (190.22) NCD.																																							
11889.15.	The module developer shall delete ICD-10 CM code									Fu Associates																														
1	provided in the link effective 9/30/2020 from the list																																							
	of ICD-10-CM codes that are covered by Medicare for																																							
	the Thyroid Testing (190.22) NCD.																																							
11889.16	The module developer shall add ICD-10 CM codes									Fu Associates																														
	provided in the link effective 10/1/2020 to the list of																																							
	ICD-10-CM codes that are covered by Medicare for																																							
	the Lipids Testing (190.23A) NCD.																																							
11889.16.	The module developer shall delete ICD-10 CM code									Fu Associates																														
1	provided in the link effective 9/30/2020 from the list																																							
	of ICD-10-CM codes that are covered by Medicare for																																							
	the Lipids Testing (190.23A) NCD.																																							
11889.17	The module developer shall add ICD-10 CM codes									Fu Associates																														
	provided in the link effective 10/1/2020 to the list of																																							
	ICD-10-CM codes that are covered by Medicare for																																							
	the Lipids Testing (190.23B) NCD.																																							
11889.17.	The module developer shall delete ICD-10 CM codes									Fu Associates																														
1	provided in the link effective 9/30/2020 from the list																																							
	of ICD-10-CM codes that are covered by Medicare for																																							
	the Lipids Testing (190.23B) NCD.																																							
11889.18	The module developer shall add ICD-10 CM codes									Fu Associates																														
	provided in the link effective 10/1/2020 to the list of																																							
	ICD-10-CM codes that are covered by Medicare for																																							
	the Digoxin Therapeutic Drug Assay (190.24) NCD.																																							

Number	Requirement	Re	espo	nsil	bilit	v																						
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11000 10	The medule developes shall delete ICD 10 CM as dec				С	S				En Associates																		
11889.18. 1	The module developer shall delete ICD-10 CM codes provided in the link effective 9/30/2020 from the list									Fu Associates																		
1	of ICD-10-CM codes that are covered by Medicare for																											
	the Digoxin Therapeutic Drug Assay (190.24) NCD.																											
11889.19	The module developer shall add ICD-10 CM codes									Fu Associates																		
	provided in the link effective 10/1/2020 to the list of																											
	ICD-10-CM codes that are covered by Medicare for																											
	the Alpha-fetoprotein (190.25) NCD.																											
11889.19.	The module developer shall delete ICD-10 CM code									Fu Associates																		
1	provided in the link effective 9/30/2020 from the list																											
	of ICD-10-CM codes that are covered by Medicare for																											
	the Alpha-fetoprotein (190.25) NCD.																											
11889.20	The module developer shall add ICD-10 CM codes									Fu Associates																		
11007.20	provided in the link effective 10/1/2020 to the list of									Tu Associates																		
	ICD-10-CM codes that are covered by Medicare for																											
	the Gamma Glutamyl Transferase (190.32) NCD.																											
11889.20.	The module developer shall delete ICD-10 CM codes									Fu Associates																		
1	provided in the link effective 9/30/2020 from the list of ICD-10-CM codes that are covered by Medicare for																											
	the Gamma Glutamyl Transferase (190.32) NCD.																											
11889.21	The module developer shall add ICD-10 CM codes									Fu Associates																		
	provided in the link effective 10/1/2020 to the list of																											
	ICD-10-CM codes that are covered by Medicare for																											
	the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD.																											
	TICD.																											
11889.21.	The module developer shall delete ICD-10 CM codes									Fu Associates																		
1	provided in the link effective 9/30/2020 from the list																											
	of ICD-10-CM codes that are covered by Medicare for																											
	the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD.																											
	NCD.																											
11889.22	The module developer shall add ICD-10 CM codes									Fu Associates																		
	provided in the link effective 10/1/2020 to the list of																											
	ICD-10-CM codes that are covered by Medicare for																											
	the Fecal Occult Blood Test (190.34) NCD.																											
11889.22.	The module developer shall delete ICD-10 CM codes									Fu Associates																		
11007.22.	provided in the link effective 9/30/2020 from the list									1 4 1 1550014105																		
	of ICD-10-CM codes that are covered by Medicare for																											
	the Fecal Occult Blood Test (190.34) NCD.																											

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MA(D M E	C E D
		A	В	H H H	M A C	Ι
11889.23	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:

[&]quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

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

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